FILED May 01, 2006 8:00 am Secretary of State 05-01-2006 90372 027 ***150.00 2006 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P04000095676

1. Entity Nam CAY SAL			(
Principal Place of Business 36225 COVINGTON ROAD DADE CITY, FL 33525 Mailing Address 36225 COVINGTON ROAD DADE CITY, FL 33525					- E 108 48 00 10 00 10		18 #1110 HEFTE #11	11E A 111
2. Principal P	Place of Business	3. Mailing Address	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04202006 Chg	g-P CR2E03	34 (11/05)	
City & Stat	de	City & State	City & State					plied For t Applicable
Zip	Country	Zip	Country	У	5. Certificate of Status		8.75 Addi	
	6. Name and Address of Current I	Registered Agent			7. Name and Address	of New Registered A	gent	
**				Name				
WILSON, JOHN L 36225 COVINGTON ROAD DADE CITY, FL 33525			-	Street Address (P.O. Box Number is Not Acceptable)				
	- S - 1946		City			FL	Zip Code	•
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.								
SIGNATURE								
		(10.0	- Togranara -	- gara organica	Wisire Constant by		· · · · · · · · · · · · · · · · · · ·	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.					00 May Be ed to Fees			
10.	OFFICERS AND	DIRECTORS	11.			ES TO OFFICERS AND		3 IN 11
TITLE	D Delete		TITLE NAME	Pr	esident		Change Change	Addition [
NAME STREET ADDRESS	WILSON, JOHN L 36225 COVINGTON ROAD			F ADDRESS				
CITY-ST-ZIP	DADE CITY, FL 33525		CITY-S					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	Sec KII ADDRESS 36	cretary Tremberly Lynn 225 Coving	asurer Wilson gton Road	☐ Change	12 Addition
TITLE		Delete	TITLE		ade City, F	L. 33525	☐ Change	Addition
NAME		LI Delete	NAME		·		☐ Citalige	Audition
STREET ADDRESS			STREET	ADDRESS				
CITY-ST-ZIP			CITY-S	ST-ZIP				
TITLE		☐ Delete	TITLE				☐ Change	☐ Addition
NAME			NAME					
STREET ADDRESS CITY-ST-ZIP				F ADDRESS				
<u> </u>			CITY-S	51-2IP				
TITLE NAME		☐ Delete	TITLE				☐ Change	Addition
STREET ADDRESS				ADDRESS				
CITY-ST-ZIP			CITY-S	ST-ZIP				j
TITLE		☐ Delete	TITLE			~~.	☐ Change	Addition
NAME			NAME					İ
STREET ADORESS CITY-ST-2IP		,	STREET CITY-S	F ADDRESS				
12. I hereby certify that the information supplied with this fring does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the received or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.								
SIGNATURE: 4-27-06 352-518-0904								
SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone #								