2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 21, 2006 8:00 am Secretary of State 04-21-2006 90099 036 ***158.75

| Principal Place of Business 7914 US 19 N PTRICHEY, FL 34668 2. Principal Place of Business Sufer, Apt. #, etc. Sufer, Apt. #, etc. Sufer, Apt. #, etc. City & State City & FL City FL |
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| City & State Country Country Country Country Country Country Country Country Country S. Certificate of Status Desired \$3.75 Additional Fee Required Fee Required To Name and Address of New Registered Agent To Name and Address of New Registered Agent To Name and Address of New Registered Agent To Name DEPIES, DANIEL J 7914 U S 19 N PORT RICHEY, FL 34668 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 Rorida. Lam familiar with, and accept the obligations of registered agent. SiGNATURE Signature, byted or printed name of registered agent and the applicable. PILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees Sinet Audress OITY-ST-Zip DUNEDIN, FL 34698 DUNEDIN, FL 34698 TILE P DEBET AUDRESS OITY-ST-Zip DUNEDIN, FL 34698 TILE Debtet TILE Ceresoli, Frank P SIChange Additional Addition Name Ceresoli, Frank P SIChange Additional Addition Siret Audress (P.O. Box Number is Not Acceptable) FL Zip Code To Attend Additional Addition |
| Zip Country Zip Country S. Certificate of Status Desired S. \$8.75 Additional Fee Required |
| 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Name |
| 6. Name and Address of Current Registered Agent T. Name and Address of New Registered Agent Name Name Name |
| DEPIES, DANIEL J 7914 U S 19 N PORT RICHEY, FL 34668 City FL Zip Code |
| Street Address (P.O. Box Number is Not Acceptable) City |
| 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 Signature, Typed or printed name of registered agent and talle if applicable. (NOTE: Registered Agent signature required when reinstating) P. Election Campaign Financing Trust Fund Contribution. 9. Election Campaign Financing Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE P. ORECT ADDRESS CITY-ST-ZIP DUNEDIN, FL 34698 CERESOLI, FRANK SIREET ADDRESS CITY-ST-ZIP DUNEDIN, FL 34698 CITY-ST-ZIP Change Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CERESOLI, FRANK STREET ADDRESS CITY-ST-ZIP New Port Richey, FL 34654 |
| 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: Signature: Typed or printed name of registered agent and bitle if appacable. (NOTE: Registered Agent signature required when reinstating) PILE NOWILI FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11TILE P Delete TITLE VP MAME SKCCZYNSKI, BRUNO E SIREET ADDRESS CITY-ST-ZIP DUNEDIN, FL 34698 CERESOLI, FRANK SIREET ADDRESS CITY-ST-ZIP DUNEDIN, FL 34698 CITY-ST-ZIP New Port Richey, FL 34654 CITILE CORRESS CITY-ST-ZIP DElete TITLE CARRON |
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indicated on this report of supplemental report is true and accurate and mal my signature shall have the same legal effect as it made under oath; that I am an officer or diffector of the corporation or the receiver 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:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR FRANK P. CERESOLI

04/19/06

Date

Daytime Phone #