2006 FOR PROFIT COSPORATION ANNUAL REPORT

DOCUMENT # P04000117673

1. Emity Name SL VEDA, INC.



FILED Mar 15, 2006 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

1412 ALBERNI STREET PALM BAY, FL 32907 1412 ALBERNI STREET PALM BAY, FL 32907



DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALLISON, LINDA A 1038 ASHLEY AVENUE INDIAN HARBOUR BEACH, FL 32937

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the plants of registered agent.	urpose of changing its registered of	ice or t	egistered agent, or b	ooth, in the State of Florida. I am familiar with, and acco
SIGNATURE.	Signature, typed or printed name of registered agent and title t	family date and the second sec	alman a	son find a ban extratations	DATE
	अपुराज्याता है, प्रमुक्त के क्यानिक क्षानिक व्यवस्थात क्षान्य क्षानिक व्यवस्थात क्षान्य व्यवस्थात क्षान्य व्यव	applicable (NC/CE Hedisherad Agen	signatur	required when reinstating)	200
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		 Election Campaign Financing Trust Fund Contribution. 		\$5.00 May Be Added to Fees	U00000466328 03/24/05-80025-015 150.00
10,	OFFICERS AND DIRECT	TORS		······································	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REID, STEVEN P 1412 ALBERNI STREET PALM BAY, FL 32907		DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLISON, LINDA A 1038 ASHLEY AVENUE INDIAN HARBOUR BEACH, FL 32937	·			
title Name Street address City-S1-ZIP					
title Name Street address City-St-Zip					
title Hame Street address City-St-Zip					
WILL NAME STREET ADDRESS CHY-SI-TIP					

12. Thereby certify that the information supplied with this filing 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN OF PROVIDED HAVE OF SIGNING OFFICER OR DIRECTOR Dole Daylor Proces