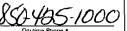
2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 08, 2006 8:00 am Secretary of State DOCUMENT # P04000123958 05-08-2006 90297 014 ***150.00 THE PFEIFFER COMPANU Principal Place of Business Mailing Address 3142 BARINGER HILL DR P.O. BOX 10528 TALLAHASSEE, FL 32311 TALLAHASSEE, FL 32302 04282006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 27-0112058 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent PFEIFFER, WILLIAM DO NOT WRITE 3142 BARINGER HILL DR TALLAHASSEE, FL 32311 IN THIS SPACE 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be \Box Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE PFEIFFER, WILLIAM NAME 3142 BARINGER HILL DR STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32311 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby 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 of the preceiver 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 attagrament with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP



FILED