2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ANNUAL REPORT (AR)					Mar. 12 2007 00.00 ANT			
DOCUMENT # P04000127366  1. Entity Name					Mar 13, 2006 08:00 AM Secretary of State			
SWANS	SLAND INC.							
Principal Place of Business Mailing Address			1					
1806 OLEANDER ST SATASOTA FL 34239		1806 OLEANDER ST -SATASOTA FL 34239						
2. Principal Place of Business		3. Mailing Address			) (1990) 1990) 113 MANN ALAN AND AND AND AND AND AND AND AND AND A	A BELLE GELEL WEST WERE S	eer (rib brib b	1114442 22 2442
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE	CR2E034	(10/05)		
City & State		City & State		4. FEI Number 68-0258646 Applied For Not Applied			<del></del> -	
Zip	Country	Zip	Country		5. Certificate of Status Desi		\$8.75 Add	litional
Name and Address of Current Registered Agent					7. Name and Address of N	ew Registered /	\gent	
JOYCE-GUY, KRISTIN			-	Name				
1806 OLEANDER ST SATASOTA FL 34239			Str	Street Address (P.O. Box Number is Not Acceptable)				
		•	Ì					
			Cit	У		FL	Zip Cod	6
8. The above the obliga	named entity submits this statement tions of registered agent.	for the purpose of changing its	registered att	ice or register	ed agent, or both, in the State	of Florida. 1 am t	lamillar with,	and accep
SIGNATURE	Signature, typed or provided name of register intrage	u	· Recovered town	signature required	8	2 [09	106	•
ASS VILIS P	ILE NOW!!! FEE IS \$150.00	statio and inspirence (MOIE	. registered Agen	signature required		UAIC	·	<del></del> -
, After	May 1, 2006 Fee Will Be \$550.0 k Payable to Florida Department	of State				ampaign Financi 1 Contribution.		00 May Bad to Fees
10.	OFFICERS AN	D DIRECTORS	11.		ADDITIONS/CHANGES TO	OFFICERS AND	DIRECTOR	S (N 11
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 direct 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR

03/09/06

**FILED**