2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED May 01, 2006 08:00 Al Secretary of State

Daytime Phone #

1. Entity Nat SLEBOD Principal Plat 290 WEST S	CE OF BUSINESS SPRING LAKE DRIVE	Aaiiing Address 290 WEST SPRING LAKE DRIV ALTAMONTE SPRINGS, FL 32			Še	cretary of S	täte
DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent				04252006 No Chg-P CR2E034 (11/05) 4. FEI Number			
290 WEST	NIK, EDWARD J I SPRING LAKE DRIVE NTE SPRINGS, FL 32714	DO NOT WRITE 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) DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.				5.00 May Be ded to Fees			 1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SLEBODNIK, EDWARD J 290 WEST SPRING LAKE DRIVE ALTAMONTE SPRINGS, FL 32714	3010					
NAME STREET ADDRESS CITY-ST-ZIP					U00000 05/15/06-	552492 80014-010 150.(סכ
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NAME STREET ADDRESS CITY-ST-ZIP				IN T	THIS SP	ACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME							
or the corp	ertify that the information supplied with this fill on this report or supplemental report is true a poration or the receiver or trustee empowered or on an attachment with an address, with all	to execute this report as require	mptions contained ure shall have the ed by Chapter 607	d in Chapter 119 same legal effec 7, Florida Statute), Florida Statutes. I f t as if made under o is; and that my name	urther certify that the informath; that I am an officer or dire appears in Block 10 or Block	ition ector c 11 if