2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Aug 31, 2006 08:00 Al Secretary of State

ANNUAL REPORT				_	Aug 31, 2000 08:0			
	MENT # P04000133	3055]	3	ecreta	ry of St	
1. Entity Nam			<u> </u>					
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Principal Plac	ce of Business	Mailing Address		1				
34 EAST PINE ST. ORLANDO, FL 32801 34 EAST PINE ST. ORLANDO, FL 3280		34 EAST PINE ST. ORLANDO, FL 32801						
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4,	the state of the state of	man from the state of the state			e of Status Desired		5 Additional equired	
•	6. Name and Address of Current	t Registered Agent			· · · · ·	•		
ROGERS,	, W. DAVID JR.			* - DO	NOT WI	DITE :		
34 EAST F	PINE ST.		, , , , , , , , , , , , , , , , , , ,		NOT W			
OKLANDO	O, FL 32801			IN	THIS SPA	ACE	, ;	
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	e named entity submits this statement for tions of registered agent.	or the purpose of changing its registi	ered office or register	red agent, or bo	oth, in the State of Flori	ida. I am familiar	with, and accept	
SIGNATURE.								
SIGNATORE-	Signature, typed or printed name of registered agent	and title if applicable (NOTE: Registr	tered Agent signature required	id when reinstating)		DATE		
FILE NOW!II FEE IS \$550.00 Due by September 6, 2006 9. Election Campaign Fina Trust Fund Contribution.				5.00 мау ва ded to Fees U000000575754 08/31/06-80002-013 550.00				
10.	OFFICERS AND	DIRECTORS			, , , , , , , , , , , , , , , , , , ,		j .	
TITLE NAME	P ∰ ROGERS, W. DAVID JR.		,	•	•	,	• • • • • • • • • • • • • • • • • • • •	
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CtTY-ST-ZiP	ORLANDO, FL 32801				51		• •	
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STREET ADDRESS CITY-ST-ZIP	Ţ,			,	a* • 1 - 4	•		
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NAME	φ <u>'</u>		, *	*		je 1° 1°		
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 tree 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 of 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:

CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-843-0044