

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000135611

Entity Name: STRAIGHT & LEVEL INC.

FILED  
Apr 11, 2006  
Secretary of State

## Current Principal Place of Business:

2421 MONACO COVE CIR  
ORLANDO, FL 32825

## New Principal Place of Business:

## Current Mailing Address:

2421 MONACO COVE CIR  
ORLANDO, FL 32825

## New Mailing Address:

FEI Number: 59-5184945

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TORRES, JENNIFER D  
2421 MONACO COVE CIR  
ORLANDO, FL 32825 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: TORRES, OSMANI  
Address: 2421 MONACO COVE CIR  
City-St-Zip: ORLANDO, FL 32825

Title: D ( ) Delete  
Name: TORRES, JENNIFER D  
Address: 2421 MONACO COVE CIR  
City-St-Zip: ORLANDO, FL 32825

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JENNIFER TORRES

D

04/11/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date