2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jun 22, 2006 08:00 AN Secretary of State

ANNUAL REPURT	Connetows of Ct.
DOCUMENT # P04000142921 1. Entity Name THE NELSON COMPANY	Secretary of Sta
Principal Place of Business Mailing Address 203 ASH STREET 203 ASH STREET SANTA ROSA BEACH, FL 32459 US SANTA ROSA BEACH,	1, FL 32459 US
DO NOT WRITE IN THIS S	04252006 No Chg-P CR2E034 (11/05)
NELSON, KEITH M 203 ASH STREET SANTA ROSA BEACH, FL 32459	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. It am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and fille if applicable (NOTE: Registered Agent alignature required when reinstating) DATE	
FILE NOWIN FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
10. OFFICERS AND DIRECTORS THE P NAME NELSON, KEITH M STREET ADDRESS 203 ASH STREET CITY-ST-ZIP SANTA ROSA BEACH, FL 32459	U00000567485 06/22/06-80001-002 158.75
TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE	
NAME STREET ADDRESS CITY-ST-ZIP TITLE	DO NOT WRITE IN THIS SPACE
NAME STREET ADDRESS CITY-ST-ZIP TITLE	IN THIS SPACE
NAME STREET ADDRESS CITY-ST-ZIP TITLE	
NAME STREET ADDRESS COTA ST. 710	100 mg

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 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 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

AND TYPES OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

pres.

16/06 850 814-120

Daytime Phone it