
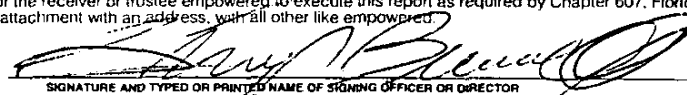


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P04000143109</b> 1. Entity Name <b>SINISIST INC.</b>																	
Principal Place of Business <b>4550 39TH AVENUE NORTH ST. PETERSBURG, FL 33714</b>			Mailing Address <b>4550 39TH AVENUE NORTH ST. PETERSBURG, FL 33714</b>														
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		<div style="font-size: 1.2em;">FILED</div> <div style="font-size: 0.8em;">06 MAR 23 PM 2:19</div> <div style="font-size: 0.8em;">TALLAHASSEE, FLORIDA</div> <div style="margin-top: 20px;">           04202005    Chg-P    CR2E034 (10/03)         </div>													
City & State		City & State															
Zip	Country	Zip	Country														
4. FEI Number <div style="font-size: 1.2em;">20-1754298</div>		Applied For <input type="checkbox"/> Not Applicable															
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				<div style="font-size: 1.2em;">FILED</div> <div style="font-size: 0.8em;">06 MAR 23 PM 2:19</div> <div style="font-size: 0.8em;">TALLAHASSEE, FLORIDA</div>													
6. Name and Address of Current Registered Agent <b>BLACKWELL, STEPHEN W 4550 39TH AVENUE NORTH ST. PETERSBURG, FL 33714</b>																	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="float: right;">FL    Zip Code</div>																	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		10. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: center;">Delete</td> </tr> <tr> <td>NAME</td> <td>BLACKWELL, STEPHEN W</td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4550 39TH AVENUE NORTH</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>ST. PETERSBURG, FL 33714</td> <td></td> </tr> </table>		TITLE	NAME	Delete	NAME	BLACKWELL, STEPHEN W	<input type="checkbox"/>	STREET ADDRESS	4550 39TH AVENUE NORTH		CITY - ST - ZIP	ST. PETERSBURG, FL 33714	
TITLE	NAME	Delete															
NAME	BLACKWELL, STEPHEN W	<input type="checkbox"/>															
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CITY - ST - ZIP	ST. PETERSBURG, FL 33714																
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: center;">Change    Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/>    <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	NAME	Change    Addition	NAME		<input type="checkbox"/> <input type="checkbox"/>	STREET ADDRESS			CITY - ST - ZIP			12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.			
TITLE	NAME	Change    Addition															
NAME		<input type="checkbox"/> <input type="checkbox"/>															
STREET ADDRESS																	
CITY - ST - ZIP																	
SIGNATURE:  <span style="float: right;">MARCH 14, 2006</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: _____ Daytime Phone #: _____															

K. Eckel MAR 28 2006