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 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 inform 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 cath; that I am an officer or di of the corporation or the competition or the sequely for the execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Bloc changed, or on an attachment with ay address, with all other like empowered. 	AFter M 10. ITTLE MAME STREET ADDRESS GITY-ST-ZIP TITLE NAME STREET ADDRESS GITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	ay 1, 2006 Fee will be \$550.00 OFFICERS AND D D EVANS, REBECCA D 8741 WHISPERING PINES DR.	Trust Fund Contribution.	U00000504543 04/26/06-80074-024 19 DO NOT WRITE	50. j