## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P04000157245



## FILED Apr 07, 2006 8:00 am Secretary of State

					04-07-2006			
2200 N COMMERCE PKWY P.O	ing Address ). BOX 267905 STON, FL 33326	1		<b>                                    </b>	. <b>20</b> 40 <b>3</b> (31) 3 <b>0</b> 45 <b>50</b> 14 <b>33</b>		n litis sians ell	lêni is isan
Principal Place of Business     Address     Mailing Address								
Suite, Apt. #, etc. Suite, Apt. #, etc.			04022006 Chg-P		CR2E03	CR2E034 (11/05)		
City & State City & State				4. FEI Numb 20-188			<b>———</b>	plied For t Applicable
Zip Country Zip	0	Country		5. Certificate	of Status Desired		8.75 Add ee Required	
6. Name and Address of Current Registe	red Agent			7. Name and	Address of New R	Registered A	gent	
		Name	-	_				
SERRONE, ROBERT A 2200 N COMMERCE PKWY STE 206 WESTON, FL 33326		Street	Street Address (P.O. Box Number is Not Acceptable)					
		City				FL	Zip Code	•
The above named entity submits this statement for the pur the obligations of registered agent.  CICNATURE	rpose of changing its	registered office o	or register	ed agent, or bo	th, in the State of Flo	orida. I am fa	amiliar with,	and accept
Signature, typed or printed name of registered agent and title if a	pplicable. (NOTE	Hegistered Agent signs	ture required	when reinstating)	··· · · · · · · · · · · · · · · · · ·	DATE		<del> </del>
FILE NOWIII FEE IS \$150.00	9. Election Campai	an Financina		00				
After May 1, 2006 Fee will be \$550.00	Trust Fund Contr	ribution.	DbbA	00 May Be ad to Fees	CHANGES TO OFF	ICERS AND	DIRECTORS	S IN 11
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indicated on this report or supplier with this mining does not quality for the exemptions contained in Chapter 119, Horida 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: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.2.06 Date