## 2006 FOR PROFIT CORPORATION

## FILED **ANNUAL REPORT** Jan 23, 2006 08:00 AN DOCUMENT # P04000161764 **Secretary of State** BARNES & SIMMONS, P.A. Principal Place of Business Mailing Address 6710 MAIN ST - STE 237 6710 MAIN ST - STE 237 MIAMI LAKES, FL 33014 MIAMI LAKES, FL 33014 CR2E034 (11/05) 01092006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 42-1653159 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BARNES, DOUGLAS W DO NOT WRITE 6710 MAIN ST - STE 237 MIAMI LAKES, FL 33014 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE... Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstaling) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PD TITLE BARNES, DOUGLAS W STREET ADDRESS 1955 NE 117TH RD N MIAMI, FL 33181 CITY-ST-ZIP TITLE NAME 1/1/25/06 -80049-021 150...00 STREET ADDRESS CITY-ST-ZIP STREET ADDRESS DO NOT WRITE CITY-ST-719 IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

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:

STREET ADDRESS CITY-ST-7(P TITLE NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO