2006 FOR PROFIT CORPORATION

FILED 08:00 AM

ANNUAL REPORT				Mar 17, 2000 08:00 AN		
1. Entity Nat				Secret	ary of State	
VICTOR	IA A. YEREANCE, P.A.					
Principal Plac	ce of Business	Mailing Address	<u></u>	1		
526 SE 30T CAPE CORAL	'H ST. L, FL 33904	526 SE 30TH ST. CAPE CORAL, FL 33904				
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				03152006	: No Chg-P	CR2E034 (11/05)
DO NOT WRITE IN THIS SPACE			CE	4. FEI Numb	er	Applied For
				65-123 5. Certificate	6226 of Status Desired	Not Applicati \$8.75 Additional Fee Required
	6. Name and Address of Current Re	gistered Agent	T	<u></u>		Lea Kadnilar
	CE, VICTORIA A	}	DΩ	NOT W	RITE	
526 SE 30TH ST. CAPE CORAL, FL 33904						
			IN THIS SPACE			
8. The above	named entity submits this statement for it tions of registered agent.	ne purpose of changing its register	ed office or register	ed agent, or bo	ith, in the State of Flo	ride. I am lamiliar with, and accep
SIGNATURE.	Signature, typed or printed name of registered agent and	ittle it applicable (NOTE. Registere	ed Agent algnatura required	when reinstating)		OATE
Fit. After M	E NOWILL FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Final Trust Fund Contribution.		.00 May Be ed to Fees		
10.	OFFICERS AND DI	RECTORS	1		<u> </u>	· · · · · · · · · · · · · · · · · · ·
TITLE NAME	D YEREANCE, VICTORIA A		l			
STREET ADDRESS	526 SE 30TH ST.		İ			
CITY-ST-ZIP	CAPE CORAL, FL 33904		<u>}</u>		· =	
TITLE NAME			1			
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CITY-ST-ZIP			1		11372 <u>3706</u>	ຂໍບໍ່ບໍ່ຂໍ້ຄືກ້ ້ ຕາສ ເຮ ດ.00 -
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TITLE NAME				IN T	THIS SP	ACE
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STREET ADDRESS						
City-St-Zip			[
TIPLE			1			

12. Thereby 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 eligicity ent with an address, with all other like empowered.

SIGNATURE

SIGNATURE

SIGNATURE AND TYPED DYPROWIED NAME OF SIGNING OFFICER OR DIRECTOR

Care

Degrate Thomas

STREET ADDRESS CITY-ST-ZIP