2006 EOD DOCEIT CODDODATION

ANNUAL REPORT					Secretary of State			
DOCUI	MENT # P0400016562	:5			Secre	lary of S	otate	
	& ACCOUNTING SERVICES,	INC.						
3540 LAWRE	ENCE RD	naining Address 3540 Lawrence RD Orange Park, FL 32065						
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, D	O NOT WRITE I	N THIS SPA	CE	04302006 4. FEI Numbe		CR2E034 (1	1/05) Applied For	
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	5. Name and Address of Current Regi	stered Agent	-					
	ACK D IRENCE RD PARK, FL 32065				NOT W			
	named entity submits this statement for the tions of registered agent.	purpose of changing its registe	red office or registe	red agent, or bot	ih, in the State of Flo	orida. I am familia	r with, and accept	
SIGNATURE	Signature, typed or printed rema of registered agent and talk	d applicable. (NOTE: Register	ed Agent signature required	ो भ्रतिसार स्वराहरंग्राजातुः	:::::	DATE	<u> </u>	
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution		.00 May Ba ded to Fees				
10.	OFFICERS AND DIRE	CTORS	.1					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KLEES, JACK D 3540 LAWRENCE RD ORANGE, FL 32065							
TITLE NAME STREET ADDRESS CITY-ST-ZIP			-		05/18/06 05/18/06	05609 <u>6</u> 6 -800 55- 01	6 150.00	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			-		THIS SE		•	
NAME SIRELI ADDRESS CITY-SI-ZIP								
DILE	1							

12. I horoby 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:

4/30/06 904-403-8119

NAME STREET ADDRESS City-SI-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR