MAR-17-2006 01:19 FROM:

## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 27, 2006 8:00 am Secretary of State 03-27-2006 90281 019 \*\*\*150.00

NAME STREET ADDRESS CITY-ST-ZIP TITLE S,T ORLANDO, FL 32808  TITLE NAME OLEYAR, WILLIAM R STREET ADDRESS CITY-ST-ZIP  TITLE ORLANDO, FL 32808  TITLE NAME STREET ADDRESS CITY-ST-ZIP	1. Entity Nam	MENT # PU4UUU 160 A RENTALS, INC.	961								
Sulla, Apt. F. otc.    Sulla, Apt. F. otc.   Sulla   Chy & State   A FEI Number   Applied For   Telephore	630A EMERALDA DRIVE P.O. BOX 561657										
Cay & State  City & State  Country  Zip  Country  Zip  Country  Zip  S. Contricted of Sharts Desired  Sand Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  Name  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City  City  F.L. Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  City  F.L. Zip Code  Street Address (P.O. Box Number is Not Acceptable)  Total Professional Acceptable (P.O. Box Number is Not Acceptable)  Street Acceptable (P.O. Box Numbe	2. Principal P	lace of Business	3. Mailing Address		. = :						
Super Address of Current Registered Agent   Super Address of Surrent Registered Agent   Super Address of Surrent Registered Agent   Super Address of Surrent Registered Agent   Super Address of Name and Address of Surrent Registered Agent   Super Address of Name and Address of Name Registered Agent   Super Address (F.O. Box Number is Not Acceptable)	Suite, Apt. #, etc. Suite, Apt. #, etc.					03162006	Chg-P	CR2E0	34 (11/05)		
S. Name and Address of Current Registered Agent  S. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Fordia. I am familiar with, and accept the chippatons of registered agent.  SIGNATURE  Topuse, higher or preserves of registered agent.  SIGNATURE  Topuse, higher or preserves of registered agent with a scatchalle NOTE Registered agent, or both, in the State of Fordia. I am familiar with, and accept the chippatons of registered agent, or both, in the State of Fordia. I am familiar with, and accept the chippatons of registered agent.  SIGNATURE  Topuse, higher or preserves of registered agent.  SIGNATURE  OLEYAR, HEATHER L  OLEYAR, WILLIAM R  SIGNATURES  OCH-SI-2D  ORLANDO, FL 32808  OCH-SI-2D  O	City & State City & State					4. FEI Number	2243	901			
6. Name and Address of Current Registered Agent    Name	Zip	Zip Country Zip			,				\$8.75 Add	fitional	
SIZE ADDITIONS CHANGES TO OFFICERS AND DIRECTORS ITS STRET ADDRESS OFFI-ST-29 ORLANDO, FL 32808 STRET ADDRESS OFFI-ST-29 ORLANDO ORL		6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New I				
City FL Zip Code  8. The above named entry submits this statement for the purpose of changing its registered agent, or both, in the State of Fonds. I am familias with, and accept the obligators of registered agent.  SIGNATURE  File MOWITH FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  The Spource have the previous feel agent and this supplied with a supplied with a supplied with a supplied with a signature source of the previous feel agent.  SIGNATURE  FILE MOWITH FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  The Spource have the previous feel agent and this supplied with a signature source of the previous feel agent and the supplied with a supplied with a signature source of the previous forms and the supplied with a signature source of the previous forms and the supplied with a signature source of the previous forms and the supplied with a signature source of the previous supplied with a signature source of the previous forms and the supplied with a signature source of the previous forms and the supplied with a signature source of the previous forms and the supplied with a signature source of the previous forms and the supplied with a signature source of the previous forms and the supplied with a signature source of the sup	OLEYAR,	WILLIAM R	L								
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 Fordia. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    STATE     STATE					Street Address (P.O. Box Number is Not Acceptable)						
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 Fordia. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    STATE     STATE				ļ	Cit.				Zio Cod		
THE NOWHII FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  P OLEYAR, HEATHER L STRET AUGRESS OTH-ST-ZP ORLANDO, FL 32808  OH-ST-ZP  TITLE  MAKE STRET AUGRESS OH-ST-ZP ORLANDO, FL 32808  OH-ST-ZP ORLANDO, FL 32808  OH-ST-ZP  ORLANDO, FL 32808  OH-ST	<del></del>				•		1 ab - 00-2 4 5		1		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  After May 1, 2006 Fee will be \$550.00  Trust Fund Contribution   \$5.00 May Be Added to Fees  Title   OLEYAR, HEATHER L   Debte   Title   WAVE   STRET ADDRESS   SOLE AMERICA DA DRIVE   ORLANDO, FL 32808   OTF-51-29    TITLE   VP   ORLANDO, FL 32808   OTF-51-29    TITLE   S,T   ORLANDO, FL 32808   OTF-51-29    TITLE   OLEYAR, WILLIAM R   STRET ADDRESS   OTF-51-29    TITLE   S,T   ORLANDO, FL 32808   OTF-51-29    TITLE   OLEYAR, WILLIAM R   ORLANDO, FL 32808   OTF-51-29    TITLE   OLEYAR, WILLIAM R   ORLANDO, FL 32808   OTF-51-29    TITLE   ORLANDO, FL 32808	the obligations of registered agent.										
Trust Fund Contribution.   Added to Fees    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE   OLEYAR, HEATHER L   STRET AURRESS   STRET AURRESS   ORLANDO, FL 32808		Signature, typed or printed name of registered agent	and title 4 applicable (NOTE	Registered A	Agent signature required	when reinstating)		DATE			
TITLE NAME											
NME : STRET AURESS ORLANDO, FL 32808 CITY-ST-2P ORLANDO, FL 32808 CITY-ST-				1		ADDITIONS/C	HANGES TO OF	FICERS AND			
TITLE NAME STREET ADDRESS CITY-ST-ZP CITLE NAME NAME STREET ADDRESS CITY-ST-ZP CITLE NAME NAME STREET ADDRESS CITY-ST-ZP CITY-ST-ZP CITLE NAME STREET ADDRESS CITY-ST-ZP CITY-ST-ZP CITLE NAME STREET ADDRESS CITY-ST-ZP CITY-ST-ZP CITLE NAME STREET ADDRESS CITY-ST-ZP CITY-ST-ZP CIT-ST-ZP CIT-ST-ZP CIT-ST-ZP CITY-ST-ZP	name : Street alæress	OLEYAR, HEATHER L 630A EMERALDA DRIVE	☐ Octate	name Street					Cuante.	_ Author	
TITLE NAME OLEYAR, WILLIAM R STRET ADDRESS CITY-ST-ZP ORLANDO, FL 32808  ORLANDO, FL 3280	TITLE NAME STREET AUDRESS	VP OLEYAR, WILLIAM R 630A EMERALDA DRIVE	☐ Detete	TITLE NAME STREET	ADDRESS		-		Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP  INILE NAME Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  INILE NAME Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Change Addition  Change Addition  Change Addition  Change Addition  Change Addition  Change Addition  TITLE NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling 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 if am an officer or director of the corporation or the receiver or tructife empowered to oversite this report as required by Chapter 502. Florida Statutes; and that my name appears in Block 10 or Block 11 if stanged, or on an attachment with an address, with all other like empowered.  SIGNATURE:	TITLE NAME STREET ADDRESS	S,T OLEYAR, WILLIAM R 630A EMERALDA DRIVE	☐ Delicte	TITLE NAME STREET	ADDRESS	· · · · ·			Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling 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 shell 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 exempt the report as required by Chapter 607. Florida Statutes, and that my name appears in Block 10 or Block 11 if SIGNATURE:	NAME STREET ADDRESS		☐ Dolete	name Street					Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling 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 truster empowered to exempt the 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:	NAME STREET ADDRESS		☐ Delete	NAME STREET				<del></del>	Change	Addition	
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 truster empowered to exactle 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:	NAME STREET ADDRESS		☐ Delete	name Street					☐ Change	☐ Addition	
· · · · · · · · · · · · · · · · · · ·	indicated of the cor changed,	ion this report or supplemental report in poration or the receiver or trustee emp, or on an attachment with an audress,	s true and accurate and that m	w sionatur	re shall have the t d by Chapter 607	same legal effect ( , Florida Statutes;	ss if made under	cath: that I a	m an officer	or director	