2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 19, 2006 8:00 am Secretary of State

DOCUI 1. Enlity Nam 826, INC.				04-19-2006 9		***150	.00		
Principal Place of Business		Mailing Address 3008 PANOLA LANE			20032 ₆₈₆				
- Sarasota, f	L 34232 -	~SARASOTA, FL-34232				AIRE AINE ERNI ERNA ER	II ETIII 90191 HETE 1		(\$8) (88)
2. Principal P									
Suite, Apt.	3 32No STo E. #, etc.	SAME Suite, Apt. #, etc.	11111111		03202006	Chg-P	CR2E034	(11/05)	
State & State	ota FL	City & State		•	4. FEI Number 33 (108210		⊢	plied For t Applicable
3424	3 Country	Zip	Country	-	5. Certificate of	f Status Desired		.75 Add Required	
25 . 15. 7	6. Name and Address of Current	Registered Agent			7. Name and A	Address of New R	legistered Age	nt	
COLCOL	& UTRERA, P.A.		Name	1.101	in RAI	ZNARO			
1840 SW 2	Street_A	Street Address (P.O. Box Number is Not Acceptable)							
4TH FLOOR			1	705	<u> </u>	<u> </u>	<u> </u>		
MIAMI, FL	33145								
			City S	<u>_</u> _ R	Asota		FL	782	43
8. The above named entity submits this statement for the purpose of changing its registered office						, in the State of Flo	orida. Lam tam	liar with,	and accept
, the obligat	ions of registered agent.	151	200		_		.//	,	
SIGNATURE		WAYNE and title if applicable. (NOTE R	D. SAI				3/2g/0	<u></u>	
							.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
FIL After M:	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0	9. Election Campaign Trust Fund Contrib		\$5. Add	00 May Be ed to Fees				
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/C	HANGES TO OFF	ICERS AND DU	RECTORS	S IN 11
TIILE	PSTD	☐ Delete	TITLE				X	Change	Addition
NAME	BARNARD, JACKIE		NAME		- 224	DOT C	,		
STREET ADDRESS	3908 PANOLA LANE		STREET ADDRESS	77	03 320	25/. =	12		
CITY-ST-ZIP	SARASOTA, FL 34232		CITY-ST-ZIP	24	IRASO TA	ST. E	34245		
TITLE NAME	V BARNARD, WAYNE	☐ Delete	TITLE NAME				LK.	Change	Addition
STREET ADDRESS	3908 PANOLA LANE		NAME STREET ADDRESS	77	03 32	NO ST. B	= .		
CITY-ST-ZIP	SARASOTA, FL 34232		CITY-ST-ZIP	ŚA	RASOT	NO ST. E	34243		
TITLE		☐ Delete	TITLE		·- / G - ()			Change	☐ Addition
NAME			NAME						
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP						
TOTLE			TITLE					Change	Addition
NAME		☐ Delete	NAME				<u>. </u>	onange	Addition
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Delete	TITLE	ļ				Change	Addition
NAME STREET ADDRESS			NAME CITICEL ADDRESS						
CITY-SI-ZIP			STREET ADDRESS CITY-ST-ZIP				_		
TITLE		☐ Delete	TITLE					Change	Addition
NAME			NAME					-	_
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			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 piner like empowered.

SIGNATURE:

DAME OF SIGNING OFFICER OR DIRECTOR

3/20/06 94/32/8999