## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Aug 21, 2006 8:00 am Secretary of State

AITHOAL ILLI OILI					Secretary or State					
DOCUI 1. Entity Nam ROOTZ S				08-21-2006	-					
Principal Plac	e of Business	Mailing Address					_			
2147 E. SEMORAN BLVD. APOPKA, FL 32703		617 IRIS ST. ALTAMONTE SPRINGS, FL	32714				5	0025	674	
		1 Dipase Sera	l notice	s to					1 <b>11</b> 111111	
2. Principal Place of Business		3. Mailing Address	Semovar	n B	اااااا					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			08082006	Chg-P	CR2E03	4 (11/05)		
City & State	е	City & State	FL		4. FEI Numbe	669519		<del></del>	plied For t Applicable	
Zip	Country	Zip_ 32703	Country	+		of Status Desired		8.75 Add	itional	
	6 Name and Address of Current			L	7 Name and	Address of New R		<u></u>	·	
6. Name and Address of Current Registered Agent					7. Name and	Addiess of New A	edista en Vi	Jein.	- <b></b> -	
BENSON, RENEE			Charact As	Street Address (P.O. Box Number is Not Acceptable)						
617 IRIS S	IT. ITE SPRINGS, FL 32714		Street Ac	aaress (P	.O. Box Numb	er is not acceptable	9)			
ALIAMON	, '									
	1		City				FL	Zip Cod	9	
	named entity submits this statement for ions of registered agent.	gistered office or	registere	ed agent, or bo	th, in the State of Flo		l miliar with,	and accept		
,										
, SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: R	egistered Agent signatu	ire required v	when reinstating)		DATE			
FILE NOW!!! FEE IS \$150.00 9. Election Campaign F Due by September 6, 2006 Trust Fund Contributi					00 May Be ad to Fees	In accordance v	with s. 607.1 not receive	93(2)(b), the prior r	F.S., the notice.	
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND I	DIRECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T RENEE, BENSON 617 IRIS ST. ALTAMONTE SPRINGS, FL 327	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	☐ Addition	
TITLE NAME STREET ADDRESS	VP/S KAREN, BENCINI 1451 - NINGETON ST. 99	Delete  6 Maple C+.	TITLE NAME STREET ADDRESS					☐ Change	Addition	
CITY-ST-ZIP	OBLANDO: FL 00004 AD	20kg, FL32703	CITY-ST-ZIP							
TITLE	•	☐ Delete	TITLE					☐ Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS			-				
CITY-ST-ZIP			CITY-SI-ZIP							
TITLE		☐ Delete	TITLE					☐ Change	Addition	
NAME			NAME							
STREET ADDRESS CITY+ST-ZIP			STREET ADDRESS City-St-ZIP							
TITLE		☐ Delete	TITLE					☐ Change	Addition	
NAME			NAME							
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS							
		□ nelete	CITY-ST-ZIP		<del></del>			Channa	D Andrist	
TITLE NAME		☐ Delete	TITLE NAME					Change	Addition	
STREET ADDRESS			STREET ADDRESS							
CITY-ST-ZIP			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 of instee empowered be 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 attacpment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407375-1717