2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 24, 2006 8:00 am Secretary of State

Principal Place of Business 2137 WOOD STORK AVE ST AUGUSTINE, FL 32084 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Country Zip Country Zip Country Zip Country Street Address of Current Registered Agent RANGNOW, LISA A 2137 WOOD STORK AVE ST AUGUSTINE, FL 32084 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 Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, types or printed name of registered agent and title 4 appricable. (NOTE: Registered Agent engagement required when remissioning)
2137 WOOD STORK AVE ST AUGUSTINE, FL 32084 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. City & State City & State City & State Country Zip Country Zip Country Since Required 6. Name and Address of Current Registered Agent RANGNOW, LISA A 2137 WOOD STORK AVE ST AUGUSTINE, FL 32084 Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) Street Address of Pointa. I am familiar with, and acceptable the obligations of registered agent. SIGNATURE SIGNATURE
Suite, Apt. #, etc. Suite, Apt. #, etc. O2142006 Chg-P CR2E034 (11/05) City & State City & State City & State Country Zip Country Zip Country To Country Country To Name and Address of New Registered Agent RANGNOW, LISA A 2137 Wood Stork Ave 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 Florida. I am familiar with, and acceptable SIGNATURE
City & State Applied For Not Applicab Street Address of Status Desired Fee Required 7. Name and Address of New Registered Agent Name RANGNOW, LISA A 2137 WOOD STOCK AVE ST AUGUSTINE, FL 32084 City City FL Zip Code 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 Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE
Zip Country Zip Country 5. Cortificate of Status Desired \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent RANGNOW, LISA A 2137 Wood Stock Ave 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 office or registered agent, or both, in the State of Fiorida. Lam familiar with, and acceptable SIGNATURE
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SIGNATURE
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE DP Delete TITLE Change Addition
NAME - RANGNOW, JASON T NAME STREET ADDRESS 2137 WOOD STOCK AVE STREET ADDRESS
CITY-ST-ZIP ST AUGUSTINE, FL 32084 CITY-ST-ZIP
TITLE DST Delete TITLE Change Addition
NAME RANGNOW, LISA A NAME
STREET ADDRESS 2137 WOOD STOCK AVE STREET ADDRESS
CITY-ST-ZIP ST AUGUSTINE, FL 32084 CITY-ST-ZIP
TITLE - TITLE - Change - Addition
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THTLE Delete TITLE Change Addition
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NAME NAME
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TITLE Detete TITLE Change Addition
NAME C CHANGE Addition
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12. Thereby certify that the information supplied with this filing does not quality for the exemptions contained in Chapter 119. Horida 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:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/06

904 829-6533