2006 FOR PROFIT CORPORATION

>PPROVEL 04-14-2006 90149 004 ***150.00 FII P05000011665

ANNUAL REPORT									
DOCU 1. Entity Nam A M BAR	ne	#P050000116	365			To a	06 JUN 13		
						<u></u>	TALLAHASSE	OF STATE E. FLORED!	38
Principal Place of Business Mailing Address						7	18 15m2-17 7	•	
17391 E. CARNEGIE CIRCLE FORT MYERS, FL 33912			17391 E. CARNEGIE CIRCLE Fort Myers, Fl. 33912					5001212	3
							# #1111 #111 # # # # 1 11 # 1 11	M BALAK (1908 1910 CIMA 9111)	PATT P 2 & 1 (1 1 1 1 1 1 1 1 1
2. Principal Place of Business			3. Mailing Address						
Suite, Apt #, etc.			Suite. Apt. #, etc.			03272006	Chg-P	CR2E034 (11/05)
City & State			City & State			4. FEI Numb	1137667		Applied For Not Applicable
Zip	Zip Country		Zip Count		Hry		o of Status Desired	\$8.75 A	dditional
	6. Name	and Address of Current R	egistared Agent			7. Name and	d Address of New R		180
BARTON,	ALLISON			Name					
17391 E. CARNEGIE CIRCLE FORT MYERS, FL 33912			Street Addre		Street Addres	s (P.O. Box Numb	er is Not Acceptable	")	
					City			El Zip Co	
8. The above	named entity	v submits this statement for	the number of changing its registers]	stered agont or br	oth in the State of Ele	FL	
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. Speaker proped name of registered agent and titre 1 applicable (NOTE Pagitime) Apent agnature required whon constraints). DATE									
Signature, typod or princial name of registered agent and litral applicable (NOTE Populational Apent signature required whom constaining) Output Date									
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May 8e After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees									
10.		OFFICERS AND D		11.		ADDITIONS	/CHANGES TO OFF	ICERS AND DIRECTO	DC IN 11
THE	D Delete 111				LE		701341022122	☐ Change	
NAME STREET ADDRESS	BARTON, ALLISON S 17391 E. CARNEGIE CIRCLE				AE EET ADORESS				
CITY-ST-ZIP		ERS, FL 33912	· · · · · · · · · · · · · · · · · · ·		Y-SI-ZIP				
TITLE NAME	Delete 111					_		☐ Change	Addition
STREET ADDRESS					EET ADDRESS				
CITY-ST-ZIP				-	Y-S1-ZIP				
TITLE NAME	☐ Delete				WE E			Change	: Addition
STREET ADDRESS COY-ST-ZIP					EET ADDRESS Y+S1-ZIP				
TIFLE	<u> </u>		☐ Dolete	TITL			<u></u>	☐ Change	: Addition
NAME			•	NAM					j
STREET ADDRESS CITY-ST-ZIP				1	EET ADURESS Y-ST-ZIP				
THLE	Delete 111							☐ Change	Addition
NAME STREET ADDRESS				HAM STRE	AE EET ADORESS				
CITY-ST ZIP	<u> </u>				Y-SI-ZIP				
TITLE NAME			☐ Oclete	TITU NAM				☐ Change	: Addition
STREET ADDRESS CITY-ST-ZIP					EET ADDRESS Y-ST-ZIP				
12. Thereby o	certify that the	unformation supplied with ti	this filing does not qualify f	or the ex	emptions contain	ned in Chapter 11	9, 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 each, 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: USua Tupe on Printed MANE OF SIGNING OFFICER ON DIRECTOR DATE OF DATE OF DIRECTOR DATE OF D									
		TONATURE AND TYPED OR PR	RINTED HAME OF SIGNING OFFICER	4 OH DIREC	TOR		Dain	Daytima Phone i	,