2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 27, 2006 8:00 am Secretary of State

Mailing Address POST OFFICE BOX 4050 ST. AUGUSTINE, FL 32080 ST. AUGUSTINE, FL 32085-4050 ST. AUGUSTINE, FL 32080 ST. AUGUSTINE, FL 32085-4050 ST. AUGUSTINE, FL 32080 ST. AUGUSTINE, FL 32085-4050 ST. AUGUSTINE, FL 32080 ST. AUGUSTIN	DOCUMENT # P05000014921 1. Entity Name ALLYN DENNIS, PA)2-27-2006 90	0055 025 ***150.	00
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Support Supp	City & State	City & State			4. FEI Number 20-25711	59		·
## ALL, CHARLES E 77 ALMERIA STREET ST. AUGUSTINE, FL 32084 ## BLE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 10. OFFICEHS AND DIRECTORS Port Detection Detectio	Zip Country	Zip	Coun	try				
Name	6. Name and Address of Cu	rrent Registered Agent	1		7. Name and	Address of New R	· · · · · · · · · · · · · · · · · · ·	
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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 SIGNATURE SIGNATURE SIGNATURE FILE NOW!!! FEE IS \$1.50.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DPT DENNIS, ALLYN SIRET MORESS DENNIS, ALLYN SIRET MORESS STA AUGUSTINE, FL 32080 DEVELOPMENT AUGUSTINE, FL 32080 DEVELO	•	•		Court Address (D.O. Berthumber in Net Associable)				
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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	STREET ADDRESS CITY-ST-ZIP ST. AUGUSTINE, FL 32080 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	E ROAD Defete Defete	TITLE NAMI STRE CITY TITLE NAMI STRE CITYLE NAMI STRE CITYLE NAMI STRE CITY TITLE NAMI STRE CITY TITLE NAMI STRE CITY TITLE NAMI STRE	ST-ZIP S: E E ET ADDRESS -ST-ZIP E E ET ADDRESS		EAN TRACE	Change Change Change	Addition Addition 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 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:

My Demis Allyn Deng

02/23/06

Daytime Phone #