2006 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P05000014958



FILED Jul 11, 2006 8:00 am Secretary of State 07-11-2006 90020 040 ***150.00

Zip Country Zip Country S. Certificate of Status Desired S. \$8.75 Additional Pea Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Pea Required 7. Name and Address of New Registered Agent Name SAUNDERS, WILLIAM 724 BAYWAY BLVD #2B CLEARWATER BEACH, FL 33767 6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Forida. I am familiar with, and accident agent and a registered agent, or both, in the State of Forida. I am familiar with, and accident agent and a registered agent agent and a registered agent, or both, in the State of Forida. I am familiar with, and accident agent and a registered agent agent are always a registered agent, or both, in the State of Forida. I am familiar with, and accident agent agent and agent and an expectation. FILE NOWILL FEE IS \$150.00 P. Election Campaign Financing FILE NOWILL FEE IS \$150.00 P. Election Campaign Financing FILE NOWILL FEE IS \$150.00 P. Election Campaign Financing FILE NOWILL FEE IS \$150.00 P. Election Campaign Financing FILE NOWILL FEE IS \$150.00 P. Election Campaign Financing FILE NOWILL FEE IS \$150.00 P. Election Campaign Financing FILE NOWILL FEE IS \$150.00 P. Election Campaign Financing FILE NOWILL FEE IS \$150.00 P. Election Campaign Financing FILE NOWILL FEE IS \$150.00 P. Election Campaign Financing FILE NOWILL FEE IS \$150.00 P. Election Campaign Financing FILE NOWILL FEE IS \$150.00 P. Election Campaign Financing FILE NOWILL FEE IS \$150.00 P. Election Campaign Financing FILE NOWILL FEE IS \$150.00 P. Election Campaign Financing FILE NOWILL FEE IS \$150.00 P. Election Campaign Financing FILE NOWILL FEE IS \$150.00 P. Election Campaign Financing FILE NOWILL FEE IS \$150.00 P. Election Campaign Financing FILE NOWILL FEE IS \$150.00 P. Election Campaign Financing FILE NOWILL FEE IS \$150.00 P. Election Campaign Financing FILE NOWILL FEE IS \$150.00 P. Election Campaign Financing FILE NOWILL FEE IS \$150.00 P. E	1. Entity Nam	INCORPORATED	1000							
2. Principal Place of Business Suite. Apt. #, etc. Suite. Apt. #, etc.	Principal Plac	e of Business	Mailing Address	Mailing Address		ROPOR	T T			
Suite, Apl. 4, etc.										
City & State City & State Country Zip Country Zip Country Zip Country S. Certificate of Status Desired \$6. Name and Address of Currant Registered Agent 7. Name and Address of New Registered	2. Principal P	lace of Business	3. Mailing Address							
Section Sect	Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		Chg-P	CR2E034 (11	1/05)		
S. Name and Address of Current Registered Agent 7. Name and Address of New Registered 3	City & State		City & State	City & State		Per 11 - 374	6099	Applied For Not Applicable		
SAUNDERS, WILLIAM 724 BAYWAY BLVD #28 CLEARWATER BEACH, FL 33767 City FL Zip Code	Zip	Country	Zip	Country				ıal		
SAUNDERS, WILLIAM 724 BAYWAY BLVD #28 CLEARWATER BEACH, FL 33767 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 or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent a	6. Name and Address of Current Registered Agent									
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SIGNATURE Signat	<i>y</i>			City		FL Zip Code				
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. TITLE NAME SIRET ADDRESS CITY-S1-2P TITLE NAME SIRET ADDRES	, the obligat	ions of registered agent.				oth, in the State of F		r with, and	accept	
Trust Fund Contribution. Added to Fees Corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 IIILE P		Signature, typed or printed traine or registerod algen	Taro use il appricable. (NO	E. Hogistalea Agent signature i	reduited witer revisiting?	T	DATE			
TITLE						In accordance corporation did	with s. 607.193(2 d not receive the	2)(b), F.S prior notic	., the ce.	
NAME SAUNDERS, WILLIAM 724 BAYWAY BLVD #2B CITY-ST-ZIP CLEARWATER BEACH, FL 33767 CITY-ST-ZIP CLE	10.				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
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NAME	NAME STREET ADDRESS	PEAREN , JILLIAN 724 BAYWAY BLVD #2B		NAME STREET ADDRESS			c	nange [Addition	
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	NAME STREET ADORESS		☐ Delete	NAME STREET ADDRESS			<u> </u>	hange [Addition	
STREET ADDRESS CITY-S1-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 informatio 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 direct of the contained in Chapter 107. Florida Statutes. I further certify that I am an officer or direct on the contained by Chapter 107. Florida Statutes and that my name appears in Block 10 or Block 10.	NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP				· -	Addition	

of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered.