2006 FOR PROFIT CORPORATION

ANNUAL REPORT

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

HAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM	1. Entity Nam	MENT # P0500002	1462				04-27-2006	90171 0)15 ***150	1.00
Suite Apt. 4, etc. Suite Apt. 4, etc. O2162006 Chg-P CR2E034 (11/05) Applied For City & State 2p	9204 KING P Suite 300	ALM DRIVE	9204 KING PALM DRIVE SUITE 300		72.0	· · . ,				
City & State City & State Country Zip Country Zip Country Zip Country Zip Country S. Cartificate of Status Desired S. 7.5 Additional For Required For Required For Required S. Name and Address of Current Registered Agent T. Name and Address of New Registered Agent To address (P.O. Box Number is Not Acceptable) True and Address of New Registered Agent To address of New Registered Agent	2. Principal P	lace of Business								
Zip Country Zip Country S. Certificate of Status Desired Agent Sta	Suite, Apt. #, etc.		Suite, Apt. #, etc.			02162006	Chg-P	CR2E	034 (11/05)	
6. Name and Address of Current Registered Agent CONSUEGRA, DANIEL C 9204 KING PALM DRIVE SUITE 300 TAMPA, FL 33619 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 acce the notigations or registered agent, or both in the State of Florida. I am familiar with, and acce the notigations or registered agent. FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 After May 1, 2006 Fee	City & State	e	City & State					24		<u> </u>
Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)	Zip Country Zip			Count	try	5. Certificate	of Status Desired			
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		6. Name and Address of Currer	nt Registered Agent		Name	7. Name and	Address of New R	egistered	Agent	
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 accelerate of registered agent. STONATURE Significant from the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accelerate of registered agent, or both, in the State of Florida. I am familiar with, and accelerate of registered agent, or both, in the State of Florida. I am familiar with, and accelerate of registered agent, or both, in the State of Florida. I am familiar with, and accelerate of registered agent, or both, in the State of Florida. I am familiar with, and accelerate of registered agent, or both, in the State of Florida. I am familiar with, and accelerate of registered agent, or both, in the State of Florida. I am familiar with, and accelerate of registered agent, or both, in the State of Florida. I am familiar with, and accelerate of registered agent, or both, in the State of Florida. I am familiar with, and accelerate of registered agent, or both, in the State of Florida. I am familiar with, and accelerate of registered agent, or both, in the State of Florida. I am familiar with, and accelerate of registered agent, or both, in the State of Florida. I am familiar with, and accelerate of Florida I am familiar with and accelerate of Florida I am familiar with and accelerate of Florida I am familiar with a	9204 KING	PALM DRIVE								
S. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Rorida. I am lamiliar with, and accelerate the obligations of registered agent. S. GNATURE Signature, hybrid or private rinks inapplied agent and the inapplicable. (NOTE Registered Agent spatial instance) Signature, hybrid or private rinks inapplied agent and the inapplicable. (NOTE Registered Agent spatial instance) Signature, hybrid or private rinks inapplied agent and the inapplicable. (NOTE Registered Agent spatial instance) Signature, hybrid or private rinks inapplied agent and the inapplicable. (NOTE Registered Agent spatial instance) Signature, hybrid or private rinks in applied agent and the inapplied agent and the inapplied agent. (or both, in the State of Rorida. I am lamiliar with, and accelerate agent. (or both, in the State of Rorida. I am lamiliar with, and accelerate agent. (or both, in the State of Rorida. I am lamiliar with, and accelerate agent. (or both, in the State of Rorida. I am lamiliar with, and accelerate agent. (or both, in the State of Rorida. I am lamiliar with, and accelerate agent. (or both, in the State of Rorida. I am lamiliar with, and accelerate agent. (or both, in the State of Rorida. I am lamiliar with, and accelerate agent. (or both, in the State of Rorida. I am lamiliar with, and accelerate agent. (or both, in the State of Rorida. I am lamiliar with, and accelerate agent. (or both in the manufacture) Signature, hybrid or registered agent. (or both in the manufacture) Date	TAMPA, F	L 33619			City			EI	Zip Code	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. IIITE P + Director CONSUEGRA, DANIEL C STREET ADDRESS CITY-S1-2IP TITLE VST + Director TAMPA, FL 33619 TITLE GRACE, RICHARD M STREET ADDRESS CITY-S1-2IP TITLE STREET ADDRESS CITY-S1-2IP TITLE CITY-S1-2IP CITY-S1-2I			for the purpose of changing its	s registere	ed office or register	red agent, or bot	h, in the State of Fk		familiar with,	and accept
After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution.	SIGNATURE_	Signature, typed or printed name to registered age	nt and title it applicable (NOT	E Registoror	1 Agent signature requirer	d when reinstating)		DATE		
TITLE IMME CONSUEGRA, DANIEL C STREET ADDRESS CITY-ST-ZIP TITLE MAME MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME MAME MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME MAM			T			led to Fees				
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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.

e Richard M. Grace
NG OFFICER OF DIRECTOR