FILED Apr 25, 2006 8:00 am Secretary of State

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2006 FOR PROFIT CORPORATION ANNUAL REPORT

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S. Name and Address of Current Ragistered Agent ALE, FRED H. Street Address (P.O. Box Number is Not Acceptable) City FL Zip Cod City FL Zip Cod City FL Zip Cod City FL Zip Cod Ale above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, the obligations of registered agent, or both, in the State of Florida. I am familiar with, the obligations of registered agent, or both, in the State of Florida. I am familiar with, the obligations of registered agent, or both, in the State of Florida. I am familiar with, the obligations of registered agent, or both, in the State of Florida. I am familiar with, the obligations of registered agent, or both, in the State of Florida. I am familiar with, the obligations of registered agent, or both, in the State of Florida. I am familiar with, the obligations of registered agent, or both, in the State of Florida. I am familiar with, the obligations of registered agent, or both, in the State of Florida. I am familiar with, the obligations of registered agent, or both, in the State of Florida. I am familiar with, the obligations of registered agent, or both, in the State of Florida. I am familiar with, the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the f	ditional
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the 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 cath; that I am an officer	formation