## 2006 FOR PROFIT CORPORATION

SIGNATURE:

## **Secretary of State** ANNUAL REPORT 03-06-2006 90024 024 \*\*\*150.00 **DOCUMENT # P05000042186** LISA COPLAN-GARDNER, P.A., ATTORNEY AT LAW Principal Place of Business Mailing Address 66006782 **804 THIRD STREET 804 THIRD STREET** SUITE C SUITE C NEPTUNE BEACH, FL. 32266 NEPTUNE BEACH, FL. 32266 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02272006 CR2E034 (11/05) City & State Applied For City & State 4. FEI Number 33-1114262 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COPLAN-GARDNER, LISA ESQ. Street Address (P.O. Box Number is Not Acceptable) 1308 STRAND STREET NEPTUNE BEACH, FL 32266 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, typed or printed name of registered agent and tole if applicable. (NOTE: Registered Agent signature required what remetating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Added to Fees 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 D, P TITLE ☐ Delete TELLE COPLAN-GARDNER, LISA ESQUIRE MARK NUME STREET ADDRESS 1308 STRAND STREET STREET ADDRESS CITY-ST-ZIP NEPTUNE BEACH, FL 32266 CITY-ST-71P TITLE VP Oelete title Change ☐ Addition KULE COPLAN-GARDNER, LISA ESQUIRE HAME 1308 STRAND STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NEPTUNE BEACH, FL 32266 CITY-ST-ZIP tme T. S Deteta TITLE Change ☐ Addition COPLAN-GARDNER, LISA ESQUIRE NALE STREET ADDRESS 1308 STRAND STREET STREET ADDRESS CITY-ST-ZF NEPTUNE BEACH, FL 32268 CITY-S1-20 TITLE C Delete ☐ Channe ☐ Addition KAME NAME STREET ANNAESS STREET ADDRESS CITY-S1-ZIP CITY-51-29P TITLE ☐ Delete IMF ☐ Change Addition NAME OF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the Information supplied with this filting does not quality 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 cath; that I am an officer or director of the corporation or the receiver of hoster 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 within address, with all other life empowered.

FILED Mar 23, 2006 8:00 am