2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 13, 2006 8:00 am Secretary of State

DOCUMENT # P05000045430 1. Entity Name SANOLUKE NEVADA INC.					03-13-2006 9	00053 017 ***15	8.75	
Principal Plac	e of Business	Mailing Address		4.0				
190 N W SPANISH RIVER BLVD STE 201 BOCA RATON, FL 33431 190 N W SPANISH RIVER BLVD BOCA RATON, FL 33431 190 N W SPANISH RIVER BLVD BOCA RATON, FL 33431				4 444			######################################	
2. Principal Place of Business		3. Mailing Address 525 Hempstead Turnpike		ika				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		0301200	06 Chg-P	CR2E034 (11/05)		
City & State		West Hempstead, New York		brk 20-	mber 2568548	- + `	pplied For ot Applicable	
Zip	Country	11552	Country		cate of Status Desired	\$8.75 Add Fee Require		
	6. Name and Address of Current	Registered Agent		7. Name	and Address of New Re	gistered Agent		
INTRASTATE REGISTERED AGENT CORPORATION								
701 BRICKELL AVE STE 3000 MIAMI, FL 33131				Street Address (P.O. Box Number is Not Acceptable)				
					<u>. </u>			
			City			FL Zip Cod	le	
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 bits if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees								
10.	OFFICERS AND	DIRECTORS	11.	,	NS/CHANGES TO OFFIC	ERS AND DIRECTOR	S IN 11	
TITLE		☐ Delete	TITLE	P/10		Change	☐ Addition	
NAME			NAME	Sam Gold	stein.			
STREET ADDRESS CITY-ST-ZIP	, vî		STREET ADDRESS CITY-ST-ZIP	4865 Rege		2211211		
		☐ Delete	TITLE	VISID	n, Florida	33434 EX Change	☐ Addition	
TITLE NAME	A section of	LI Delete	NAME		t. Lampert	25 Onlange	☐ Addition	
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CITY-ST-ZIP			CITY-ST-ZIP	Woodsbu	rah, New Yor	<u>K 11598</u>		
TITLE		☐ Delete	TITLE	VIT OF	· ·	Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS	Louis P.T	(05 <u>5</u>			
CITY-ST-ZIP			CITY-S1-ZIP	2 Morris	Lane	WARK 117	71	
TITLE		☐ Delete	TITLE		ay cove, New		Addition	
NAME			NAME	Kent R.	Kluth cress Creek I n, Florida			
STREET ADDRESS			STREET ADDRESS	15776 CYF	ness Creek I	ane		
CITY-\$T-ZIP			CITY-ST-ZIP	Wellingto	n, Florida			
TITLE		☐ Delete	TITLE NAME			Change	Addition	
NAME STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	Addition	
NAME			NAME				į	
STREET ADDRESS			STREET ADDRESS					
CLTY-ST-ZIP		Maria Circa alaman and a seria	CITY-ST-ZIP	and in Observe	110 Florido Cravas 14	urthor godili that the !	oformation	
12. Thereby 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								

12. Hereby certify that the information supplied with this filing does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information supplied with this filing does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify 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 it changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Tregiune 3/8/06 516

Daytime Phone #