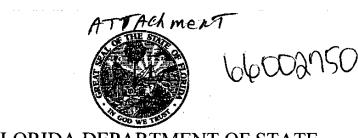
2006 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State 02-13-2006 90040 031 ***150.00 **DOCUMENT # P05000062040** WINDELL MOORE, CPA PA Principal Place of Business Mailing Address 66002750 6299 W. SUNRISE BLVD SUITE E217 6299 W. SUNRISE BLVD SUITE E217 SUNRISE, FL 33313 US SUNRISE, FL 33313 US 2. Principal Place of Business 3. Mailing Address Suite, Apl. #, etc. Suite, Apt. #, etc. CR2E034 (11/05) 01072006 City & State 4. FEI Number Applied For City & State 20-274-1680 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MOORE, WINDELL Street Address (P.O. Box Number is Not Acceptable) 6299 W. SUNRISE BLVD SUITE E217 SUNRISE, FL 33313 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. (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. ☐ Defeta TITLE TITLE ☐ Change ☐ Addition MOORE, WINDELL MALE NASAC STREET ADDRESS 8299 W. SUNRISE BLVD SUITE E217 STREET ADORESS CITY-ST-ZIP SUNRISE, FL 33313 CITY-ST-ZIP MILE Delete TITLE ☐ Change ☐ Addition NAME NALCE STREET ADDRESS STREET ADDRESS CITY-ST-71P CDV-SI-7P TITLE Oelete IIILE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Debete FITLE ☐ Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP TITLE Delete TITLE []] Change ☐ Addition HALLE NAME STREET ADORESS STREET ADDRESS CITY-SI-ZP CITY-ST-ZIP TITLE Delete TITLE Change Addition MALE NAME STREET ADDRESS STREET ADDRESS City-SI-ZP CITY-ST-ZP 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 information indicated on this report or supplemental report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I em 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 chapter 607. SIGNATURE: Wind TYPED OR PRINTED HAME DY SIGNING OFFICER OR DIRECTOR

FILED Feb 27, 2006 8:00 am



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 16, 2006

WINDELL MOORE, CPA PA 6299 W. SUNRISE BLVD SUITE E217 SUNRISE, FL 33313 US

Subject: WINDELL MOORE, CPA PA

Reference Number:

P05000062040

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/MH ANNUAL REPORTS SECTION