2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 16, 2006 8:00 am Secretary of State 02-27-2006 90049 003 ***150.00

Principal Place of Business 1823 SECAMILO STREET PORT SAINT LUCIE, FL 34952 2. Principal Place of Business 2. Principal Place of Business 3. Malking Address Suite, Apt. 4, etc. Code Suite City & FL None and Address of New Registrated Agent City & FL None Address of New Registrated Agent City & FL None Address of New Registrated Agent City & FL None Address of New Registrated Agent City & FL None Address of New Registrated Agent City & FL None Address of New Registrated Agent City & FL None Address of New Registrated Agent City & FL None Address of New Registrated Agent City & FL None Address of New Registrated Agent City & FL None Address of New Registrated Agent City & FL None Address of New Registrated Agent City & FL None Address of New Registrated Agent City & FL None Address of New Registrated Agent City & FL None Address of New Registrated Agent City & FL None Address of New Registrated Agent City & FL None Address of New Registrated Agent City & FL None Address of New Registrated Agent Ci	1. Entity Name TREASURE COAST PERMITTING SERVICE INC.					02-27-2000 90049 003 130.0	,0	
PORT SAINT LUCIE, FL 34952 US						66002484		
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. C2082008 Chq.P CR26034 (11/05)				34988 US	·	A LUTUREN IN TOKAL BURG BUIN BURG BURG BAND BRID BRID HAN DEM BURG BURGUSI HILBER		
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E. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florido. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florido. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florido. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florido. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florido. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florido. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florido. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florido. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florido. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florido. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florido. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florido. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florido. Signal Now Signal	1825 SE CAMILO STREET			Street	Street Address (P.O. Boy Number is Not Acceptable)			
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indicated on this report of sopplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the estimate and that my name appears in Block 10 or Block 11 if		certify that the information supplied with	this filing does not qualify for	<u> </u>	containeri	in Chapter 119. Florida Statutes, I further centify that the information	\dashv	
changed, or on an attachment with an address, we special riske empowered								
SIGNATURE: SUMMI FOLLOWN SUSAN L. Gottuso 2/23/06 772/528.7868								



FLORIDA DEPARTMENT OF STATE

Division of Corporations

March 2, 2006

TREASURE COAST PERMITTING SERVICE INC. PO BOX 881472
PORT SAINT LUCIE, FL 34988 US

Subject: TREASURE COAST PERMITTING SERVICE INC.

Reference Number:

P05000062704

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