2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 02, 2006 8:00 am Secretary of State

NAME STREET ADDRESS CITY-ST-ZIP SEBASTIAN, FL 32978 CITY-ST-ZIP SEBASTIAN, FL 32978 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TO Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TO Change Addition NAME STREET ADDRESS CITY-ST-ZIP	DOCUMENT # P05000067858 1. Entity Name DARLENE FOWLER INC.						02-02-2006 90045 042 ***150.00			
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Suite, Apt. #, etc. Suite, Ap	357 KEEN TERRACE P.O. BOX 780807						8.51 841)			
City & State Country Country S. Certificate of Status Desired SR.75 Additional Fee Required FOWLER, DARLENE A 357 KERN TERRACE SEBASTIAN, FL 32958 City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered difference registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am	Principal Place of Business 3. Mailing Address									
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B. 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, yound or printed name of registered agent and site if applicable. NOTE Registered Agent signature required when revealables. NOTE Registered Agent signature required when revealables.	357 KEEN TERRACE				Street Address (P.O. Box Number is Not Acceptable)					
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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		<u> </u>								

Thereby Certay that the information supplied with this lifting does not quality for the exemptions contained in Chapter 119, Horida Statutes. I further certify that the information indicated on this report or suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 if changed, or on an attachment with an address, with all other like empowered.