2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 20, 2006 8:00 am Secretary of State

Principal Place of Business 13725 CARLTON DR DAVIE, FL 33330 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Country Country Applied For Not Applicate of Status Desired S. Name and Address of Current Registered Agent Address Mailing Address 13725 CARLTON DR DAVIE, FL 33330 3. Mailing Address 3. Mailing Address Suite, Apt. #, etc. 03162006 Chg-P CR2E034 (11/05) Applied For Not Applicate of Status Desired \$8.75 Additional Fee Required \$8. Name and Address of Current Registered Agent
DAVIE, FL 33330 DAVIE, FL 33330 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. O3162006 Chg-P CR2E034 (11/05) City & State City & State City & State Country Country Zip Country Country Country S. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent
Suite, Apt. #, etc. Suite, Apt. #, etc. O3162006 Chg-P CR2E034 (11/05) City & State City & State City & State City & State Applied For Not Applicate Not Applicate To Country Suite, Apt. #, etc. City & State City & State Country Suite, Apt. #, etc. O3162006 Chg-P CR2E034 (11/05) Applied For Not Applicate Not Applicate of Status Desired Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Country Suite, Apt. #, etc. City & State City & State City & State Country Suite, Apt. #, etc. O3162006 Chg-P CR2E034 (11/05) Applied For Not Applicate of Status Desired Not Applied For Not Applicate of Status Desired Suite, Apt. #, etc. Applied For Not Applicate of Status Desired Not Applied For Not Applicate of Status Desired To N
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Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
I Name
WALTON, SARA
13725 CARLTON DR Street Address (P.O. Box Number is Not Acceptable) DAVIE, FL 33330
City FL 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE
FILE NOWI!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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12. I hereby certify that the information supplied with this filling 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 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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.16.06 954-648.644

Daytime Phone #