2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 13, 2006 08:00 AM DOCUMENT # P05000068489 **Secretary of State** MARTHA WACHTEL JOLICOEUR, P.A. Principal Place of Business Mailing Address 13579 STAIMFORD DRIVE 13579 STAIMFORD DRIVE WELLINGTON, FL 33414 US WELLINGTON, FL 33414 CR2E034 (11/05) 04112006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 56-2520205 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent JOLICOEUR, MARTHA W DO NOT WRITE 12870 UPPER COVE DR. WELLINGTON, FL 33414 IN THIS SPACE 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 mail approach to INOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PO TITLE MARKE JOLICOEUR, MARTHA W STREET ADDRESS 12870 UPPER COVE DR. CITY-ST-ZIP WELLINGTON, FL 33414 TITLE MAME STREET ADDRESS CITY-ST-ZIF MAME STREET ADDRESS DO NOT WRITE CSTY-ST-70P IN THIS SPACE THE NAME STREET ADDRESS CITY-ST-ZIP 31717 NAME STREET ADDRESS CATY-ST-24P

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: X SIGNATURE AND TYPED OR PRINTED HAVE OF SIGNING OFFICER OR DIRECTOR

TISLE
MARKE
STITEET AUDITESS
CITY-ST-ZIP

4/11/06

541 798-8339

FILED