## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 31, 2006 8:00 am Secretary of State 04-17-2006 90373 043 \*\*\*150.00

871 W OAKLAND PARK BLVD 300 OAKLAND PARK, FL 33311  City Ft.  8. The above rismed entity submits this statement for the purpose of changing its registered office or regist the obligations of registered agent.  SIGNATURE  Signature, hood or private name of replaced agent and title if applicable  PILE NOWITH FRE IS \$180.00  After May 1, 2006 Fee will be \$550.00  10.  OFFICERS AND DIRECTORS  11.  TITLE  PAME  CICHOWSKI, JOSEPH  SIREI ADDRESS  SIT W OAKLAND PARK BLVD SUITE 300  CITY-ST-ZIP  OAKLAND PARK, FL 33311  TITLE  P  MAME  Cichowski, Joseph  SIREI ADDRESS  CITY-ST-ZIP  Ft. Jaliderdale, Fl 33309  TITLE  NAME  Delete  TITLE  NAME  ITTLE  NAME  TITLE  NAME	04112006 Chg-P CR2E034 (11/05)  4. FEI Number 86-15679   Applied For Not Applied For Not Applicable  5. Certificate of Status Desired   \$8.75 Additional Fee Required  7. Name and Address of New Registered Agent Chowski, Joseph (P.O. Box Number is Not Acceptable) est Cypress Creek Rd. #370.  Lauderdale FL Zip Code 33300 ered agent, or both, in the State of Florida. I gm familiar with, and accept
300 OAKLAND PARK, FL 33311  2. Principal Place of Business 500 West Cypress Creek Suite, Apt. #, atc. 370 City & State Ft. Lauderdale, F1 Zp Gray Country 33309 USA CICHOWSKI, JOSEPH 871 W OAKLAND PARK, FL 33311  City Ft.  8. The above named entity submits this statement for the purpose of changing its registered office or regist the obligations of registered agent.  SIGNATURE Signalae, hood or prised name of registered agent and like a applicable  FILE NOWITH FREE 13 \$150.00 After May 1, 2006 Fee will be \$550.00  10. OFFICERS AND DIRECTORS 11.  TITLE NAME  P OAKLAND PARK, FL 33311  TITLE P OAKLAND PARK BLVD SUITE 300 CITY-ST-2P CITY-ST-2P TITLE NAME  FILE NOWSKI, JOSEPH SIREI ADDRESS CITY-ST-2P TITLE NAME  Cichowski, Joseph SIREI ADDRESS CITY-ST-2P TITLE NAME  Delete TITLE NAME NAME  Delete TITLE NAME  Delete TITLE NAME  Delete TITLE NAME NAME NAME NAME  Delete TITLE NAME  Delete TITLE NAME NAME NAME NAME NAME NAME NAME NAM	Rd. 04112006 Chg-P CR2E034 (11/05)  4. FEI Number 86-\\5679 \   Applied For   Not Applicable    5. Certificate of Status Desired   \$8.75 Additional   Fee Required    7. Name and Address of New Registered Agent   Chowski, Joseph   (P.O. Box Number is Not Acceptable)   est Cypress Creek Rd. #370    Lauderdale   FL   Zip Code   33300    gred agent, or both, in the State of Florida. I gm familiar with, and accept    4/366.  6d when remitting)   DATE    5.00 May Be toled to Fees
OAKLAND PARK, FL 33311  2. Principal Place of Business 500 West Cypress Creek 500 West Cypress Creek Suite, Apt. 4, stc. 370 City & State Ft. Lauderdale, Fl Zp Country 33309 USA 33309 USA 33309 USA 33309 USA 33309 USA CICHOWSKI, JOSEPH 871 W OAKLAND PARK BLVD 300 OAKLAND PARK, FL 33311  City Ft.  8. The above named entity submits this statement for the purpose of changing its registered office or regist the obligations of registered agent.  SIGNATURE Signature, typed or printed name of registered agent and title # applicate.  FILE NOWITI FRE 13 \$150.00 After May 1, 2006 Fee will be \$550.00  Trust Fund Contribution.  10. OFFICERS AND DIRECTORS 11.  ITILE P AMAE CICHOWSKI, JOSEPH SIREI ADDRESS CITY-SI-ZP OAKLAND PARK, FL 33311  TILE P OAKLAND PARK BLVD SUITE 300 City ST-ZP TITLE NAME SIREI ADDRESS STORY OAKLAND PARK BLVD SUITE 300 CITY-SI-ZP TITLE NAME CICHOWSKI, JOSEPH SIREI ADDRESS STORY OAKLAND PARK, FL 33311  TITLE P OBelete TITLE NAME SIREIT ADDRESS STREIT ADDRESS CITY-SI-ZP TITLE NAME SIREIT ADDRESS STREIT A	Rd.  04112006 Chg-P CR2E034 (11/05)  4. FEI Number 86-\\5679\   Applied For   Not Applicable    5. Certificate of Status Desired   \$8.75 Additional   Fee Required    7. Name and Address of New Registered Agent   Chowski, Joseph    (P.O. Box Number is Not Acceptable)   est Cypress Creek Rd. #370.  Lauderdale   FL   Zip Code   33300   ered agent, or both, in the State of Forida. I gm familiar with, and accept   4/3 66.  ad when remitting)   DATE   DATE    5.00 May Be ided to Fees
Suite, Apt. *, atc. 370 370 370  City & State Ft. Lauderdale, Fl Ft. Lauderdale, Fl Country 33309 USA 33309 IISA  CICHOWSKI, JOSEPH 871 W OAKLAND PARK BLVD 300 OAKLAND PARK, FL 33311  City Tt.  SIGNATURE  FILE NOWITI FEE 13 \$150.00 After May 1, 2006 Fee will be \$550.00  TITLE  NAME  P OAKLAND PARK FL 33311  FILE POWAKLAND PARK BLVD SUITE 300  OFFICERS AND DIRECTORS  TITLE  P OAKLAND PARK FL 33311  TITLE  P OAKLAND PARK FL 33310  TITLE  P OAKL	Rd.  04112006 Chg-P CR2E034 (11/05)  4. FEI Number 86-\\5679\   Applied For   Not Applicable    5. Certificate of Status Desired   \$8.75 Additional   Fee Required    7. Name and Address of New Registered Agent   Chowski, Joseph    (P.O. Box Number is Not Acceptable)   est Cypress Creek Rd. #370.  Lauderdale   FL   Zip Code   33300   ered agent, or both, in the State of Forida. I gm familiar with, and accept   4/3 66.  ad when remitting)   DATE   DATE    5.00 May Be ided to Fees
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City & State Ft. Lauderdale, F1  Zip  33309  Country  33309  USA  S. Name and Address of Current Registered Agent  CICHOWSKI, JOSEPH 871 W OAKLAND PARK BLVD  300  OAKLAND PARK, FL 33311  City  Experiment and registered agent  SIGNATURE  Signature, hoed or printed name of registered agent and little applicable  FILE NOWITH FRE 13 \$150.00  After May 1, 2006 Fee will be \$550.00  Trust Fund Contribution.  10.  OFFICERS AND DIRECTORS  11.  TITLE  NAME  SIREI ADDRESS  6. Election Campaign Financing  Trust Fund Contribution.  A STREE ADDRESS  CITY-ST-ZP  OAKLAND PARK FL 33311  TITLE  P  OAKLAND PARK BLVD SUITE 300  SIREI ADDRESS  CITY-ST-ZP  OAKLAND PARK FL 33311  TITLE  P  OBelete  TITLE  NAME  SIREI ADDRESS  CITY-ST-ZP  TITLE  NAME  NAME  SIREI ADDRESS  CITY-ST-ZP  TITLE  NAME  NAME  SIREI ADDRESS  CITY-ST-ZP  TITLE  NAME	86-\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Ft. Lauderdale, Fl Ft. Lauderdale, Fl  Zip Country 33309 USA 33309 USA  6. Name and Address of Current Registered Agent  CICHOWSKI, JOSEPH 871 W OAKLAND PARK BLVD 300 OAKLAND PARK, FL 33311  City Ft.  8. The above risined entity submits this statement for the purpose of changing its registered office or regist the obligations of registered agent.  SIGNATURE  SUBJECT NOWITH FREE 19 \$150.00  After May 1, 2006 Fee will be \$550.00  Trust Fund Contribution.  40. OFFICERS AND DIRECTORS  11.  ITILE  PARKE  CICHOWSKI, JOSEPH  SIREI ADDRESS  SITY OAKLAND PARK, FL 33311  TILE  PARKE  CICHOWSKI, JOSEPH  SIREI ADDRESS  CITY-ST-ZIP  OAKLAND PARK, FL 33311  TILE  PARKE  CICHOWSKI, JOSEPH  SIREI ADDRESS  CITY-ST-ZIP  OAKLAND PARK, FL 33311  TILE  PARKE  CICHOWSKI, JOSEPH  SIREI ADDRESS  CITY-ST-ZIP  TILE  PARKE  CICHOWSKI, JOSEPH  SIREI ADDRESS  CITY-ST-ZIP  TILE  Delete  NAME  SIREI ADDRESS  CITY-ST-ZIP  TILE  NAME  CICHOWSKI, JOSEPH  SIREI ADDRESS  CITY-ST-ZIP  TILE  NAME  CICHOWSKI, JOSEPH  SIREI ADDRESS  CITY-ST-ZIP  TILE  NAME	S. Cerificate of Status Desired  Fee Required  7. Name and Address of New Registered Agent  Chowski, Joseph  (P.O. Box Number is Not Acceptable)  St. Cypress Creek Rd. #370  Lauderdale  FL Zip Code 33300  ered agent, or both, in the State of Florida. I gm familier with, and accept  4//3/66.  DATE  5.00 May Be tided to Fees
33309 USA 33309 IJSA  CICHOWSKI, JOSEPH 871 W OAKLAND PARK BLVD 300 OAKLAND PARK, FL 33311  City Ft.  8. The above named entity submits this statement for the purpose of changing its registered office or regist the obligations of registered agent.  SIGNATURE  Signature, hyaed or protect name of registered agent and title # applicable PACTE. Registered Agent sonature requirements for the purpose of changing its registered office or regist the obligations of registered agent.  FILE NOWITH FEE #3 \$150.00  After May 1, 2006 Fee will be \$550.00  Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  11.  ITILE NAME CICHOWSKI, JOSEPH SIRET ADDRESS 871 W OAKLAND PARK BLVD SUITE 300 CITY-ST-ZIP OAKLAND PARK, FL 33311  TITLE P NAME CICHOWSKI, JOSEPH SIRET ADDRESS CITY-ST-ZIP Ft. Laliderdale, Fl 33309  TITLE NAME  ITILE NAME  TITLE NAME	7. Name and Address of New Registered Agent  Chowski, Joseph  (P.O. Box Number is Not Acceptable) est Cypress Creek Rd. #370.  Lauderdale FL Zip Code 33300 ered agent, or both, in the State of Florida. I gm familiar with, and accept  4//3/66.  DATE  5.00 May Be lided to Fees
CICHOWSKI, JOSEPH 871 W OAKLAND PARK BLVD 300 OAKLAND PARK, FL 33311  City Ft.  8. The above named entity submits this statement for the purpose of changing its registered office or regist the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title # applicable   NOTE: Registered Agent sonature requirements    FILE NOWITH FERE IS \$150.00   P. Election Campaign Financing   After May 1, 2006 Fee will be \$550.00   Trust Fund Contribution.   A A First Address   A A A A A A A A A A A A A A A A A A	chowski, Joseph  (P.O. Box Number is Not Acceptable) est Cypress Creek Rd. #370  Lauderdale  FL Zip Code 33300 ered agent, or both, in the State of Florida. I gm lamillar with, and accept  4//3/6£.  DATE  5.00 May Be Ided to Fees
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871 W OAKLAND PARK BLVD 300 OAKLAND PARK, FL 33311  City Ft.  8. The above ristned entity submits this statement for the purpose of changing its registered office or regist the obligations of registered agent.  SIGNATURE  PARKER MAY 1, 2008 Fee will be \$550.00  Trust Fund Contribution.  A  A  10.  OFFICERS AND DIRECTORS  11.  TITLE  PAMME  SIRET ADDRESS  CITY-SI-ZP  SIRET ADDRESS  CITY-SI-ZP  TITLE  NAME  NAME  SIRET ADDRESS  CITY-SI-ZP  TITLE  NAME  NAME  SIRET ADDRESS  CITY-SI-ZP  TITLE  NAME  SIRET ADDRESS  CITY-SI-ZP  TITLE  NAME  NAME	Lauderdale  FL Zip Code 333300 ered agent, or both, in the State of Florida. I gm familiar with, and accept  4/13/66.  DATE  5.00 May Be kied to Fees
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8. The above named entity submits this statement for the purpose of changing its registered office or regist the obligations of registered agent.  SIGNATURE    Signature   Si	er ed agent, or both, in the State of Florida. I gm familiar with, and accept  4/13/66,  ad when rematicing)  DATE
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12. I hereby certify that the information supplied with this filing does not quality for the exemptions contain indicated on this report or supplemental report is true and accurate and that my signature shall have the of the corporation or the receiver or trustee empowered to execute this report as required by Chapter changed, or on an attachment with an address, with all other time employment.  SIGNATURE:	ed in Chafter 119. House Statistes, i futber ceday mat the intornation