2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 03, 2006 8:00 am Secretary of State 03-22-2006 90028 044 ***150.00

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Cey & State City & State City & State City & State City & State Country Country Country Country Country Country Country Solutions of Status Desired S. Name and Address of Current Registered Agent Name Stool Address (P.O. Box Number is Not Acceptable) City FL Zo Code 8. The above named entity submits this statement for the purpose of changing its registered edgers, or both, in the State of Rorida. I am ternitiar with, ethic orbigations degered agent. SIGNATURE Stool Address (P.O. Box Number is Not Acceptable) City FL Zo Code 8. The above named entity submits this statement for the purpose of changing its registered edgers, or both, in the State of Rorida. I am ternitiar with, ethic orbigation of registered agent, or both, in the State of Rorida. I am ternitiar with, ethic orbigation of registered agent, or both, in the State of Rorida. I am ternitiar with, ethic orbigation of registered agent, or both, in the State of Rorida. I am ternitiar with, ethic orbigation of registered agent, or both, in the State of Rorida. I am ternitiar with, ethic orbigation of registered agent, or both, in the State of Rorida. I am ternitiar with, ethic orbigation of registered agent, or both, in the State of Rorida. I am ternitiar with, ethic orbigation or registered agent, or both, in the State of Rorida. I am ternitiar with, ethic orbigation or registered agent, or both, in the State of Rorida. I am ternitiar with, ethic orbigation or registered agent, or both, in the State of Rorida. I am ternitiar with, ethic orbigation or registered agent, or both, in the State of Rorida. I am ternitiar with, ethic orbigation or registered agent, or both, in the State of Rorida. I am ternitiar with, ethic orbigation or registered agent, or both, in the State of Rorida. I am ternitiar with, ethic orbigation or registered agent, or both, in the State of Rorida. I am ternitiar with, ethic orbigation or registered agent, or registered agent, or both, in the State						Mailing Address	3	Place of Business	2. Principal P
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6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with a the obligations of registered agent, or both, in the State of Florida. I am familiar with a the obligations of registered agent, or both, in the State of Florida. I am familiar with a familia	Applied For Not Applicable	38 / N	umber 0-3016038	4. FEI Numb		City & State		18	City & State
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12. I hereby certify that the information supplied with this filting does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the infolicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oeth; that I am an officer 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 Endanged, or on an attachment with an address, with all other like empowered.					CITY-ST-ZIP			<u> </u>	CITY-ST-ZIP
SIGNATURE: Day Thamon DARYZ HARMON X3-8-06 772-480-2	information er or director or Block 11 il	further certily that the is oath; that I am an officer a appears in Block 10 o	119, Florida Statutes. I furth affect as if made under oath; stutes; and that my name op	ontained in Chapter 11 ave the same legal effe pter 607, Florida Statut	for the exemptions co my signature shall ha it as required by Cha	id to execute this report	erver or trustee empower	rogration or the re	12. I hereby of indicated of the cor