2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 12, 2006 8:00 am
Secretary of State

Process Process Description Process Description Process Description De	1. Entity Nam	MENT # PUSUUOUS					05-01-2	2006 90 3 55 03	37 ***150.0
CEARWATER, FL 33761 US COUNTY South April, F. Mill. Cety 5. State County						1.			
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E. Name and Address of Current Registered Agent 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. The above named writy submits this statement for the purpose of charging its registered office or registered agent, or both, in the State of Porids. I em familiar with, and accept the obligations of registered agent. 8. The above named writy submits this statement for the purpose of charging its registered office or registered agent, or both, in the State of Porids. I em familiar with, and accept the obligations of registered agent. 8. Ston Number is Number i	Suite, Apt.	₱, etc.	Suite, Apt. #, etc.			01122006	Chg-P	CR2E034 (11/0	5)
E. Name and Address of Current Registered Agent 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CRIST, JOHN Street Address (P.O. Bor Number is Not Acceptable) City FL Zop Code 8. The above named entity submits bits statement for the purpose of changing its registered office or registered agent, or both, in the State of Florids, I am familiar with, and accept the obficions of registered agent, or both, in the State of Florids, I am familiar with, and accept the obficions of registered agent, or both, in the State of Florids, I am familiar with, and accept the obficions of registered agent, or both, in the State of Florids, I am familiar with, and accept the obficions of registered agent, or both, in the State of Florids, I am familiar with, and accept the obficions of registered agent, or both, in the State of Florids, I am familiar with, and accept the obficions of registered agent, or both, in the State of Florids, I am familiar with, and accept the obficions of registered agent, or both, in the State of Florids, I am familiar with, and accept the obficions of registered agent, or both, in the State of Florids, I am familiar with, and accept the obficion of registered agent, or both, in the State of Florids, I am familiar with, and accept the obficion of registered agent, or both, in the State of Florids, I am familiar with, and accept the obficion of registered agent, or both, in the State of Florids, I am familiar with, and accept the obfice of registered agent, or both, in the State of Florids, I am familiar with, and accept the obfice of registered agent, or both, in the State of Florids, I am familiar with, and accept the obfice of registered agent, or both, in the State of Florids, I am familiar with, and accept the obfice of Florids Statutes, I am familiar with, and accept the obfice of the pool of supporters and accept and the obfice of registered agent, or both, and accept the pool of supporters and accept and the registered agent, or both, and a	City & State		City & State		4. FEI Number 2.0 - 3	067839	, H		
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8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I em familiar with, and accept the ortifications of registered agent. SIGNATURE SIGNATURE	2951 EAGLE ESTATES CIRCLE EAST				Street Address	(P.O. Box Number	is Not Acceptable)	
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