2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 20, 2006 08:00 AN Secretary of State

1. Entity Name	MENT # P05000 Cation specialist		2				50		ary of	State
Principal Place 23 BUTTERM PALM COAST	ILL DR	2:	ailing Address 3 BUTTERMILL DR ALM COAST, FL 32	137	<u></u>					
2. Principal Pi	ace of Business	3. 1	Mailing Address		<u></u>					
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02152006	6 Chg-P	CR2	E034 (11/05)	
City & State			City & State			4. FEI Nun			ļ.,	plied For
Zip	Country		Zìp	Coun	try	5. Certifica	ate of Status Desired	· · · · · · · · · · · · · · · · · · ·	\$8.75 Add	
					· · · · · · · · · · · · · · · · · · ·			<u> </u>	Fee Required	<u> </u>
	6. Name and Address of	Current Regis	tered Agent	77.	Name	/. Name a	nd Address of New	rcegistere	M ASSUE	
O'ROURKI 23 BUTTE	E, THOMAS P					ss (P.O. Box Nur	nber is Not Accepta	ble)		
	AST, FL 32137					<u>,, ,</u>				s where it
					City			F	Zip Code	3
8. The above the obligat	sons of registered agent.	tered agant and title	il annicable. (N	IOTE Registere	d Agent signature regu	uired when reinstaling		DAT	TE .	
the obligated signature.	Signature, typed or printed name of regis E NOW!!! FEE IS \$150 ay 1, 2006 Fee will be	.00	il applicable. (N 9. Election Cam Trust Fund Co	paign Finar	noing _ \$	uired when reinstaling		DAT		
the obligated signature.	Signature, typed or printed name of regis E NOWIII FEE IS \$150 ay 1, 2006 Fee will be	.00	9. Election Cam Trust Fund Co	paign Finar	noing \$	\$5.00 May Be Added to Fees	1	· · · · · · · · · · · · · · · · · · ·	NO DIRECTOR	
the obligated SIGNATURE. FIL After M.	Signature, typed or printed name of regis E NOWIII FEE IS \$150 ay 1, 2006 Fee will be	.00 \$550.00 RS AND DIREC	9. Election Cam Trust Fund Co	paign Finar ontribution. 11. TITL NAM SHIII	neing \$	\$5.00 May Be Added to Fees	NS/CHÁNGES TO C	PFFICERŞ A		□ Addition 58.75_
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Interest call with a mornitation supplied with this mind does not quarry for the examples contained in Callet and indicated on this report or supplied that it is true and accurate and that my signature shall have the same legal effect as if made under outh, 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

04/14/06 (386) 986-0312