APPROTE AND FILED

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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Secretary Secr				07072006	06 Chg-P CR2E034 (11/05)				
8. Certification of Statutes Desired 8. Name and Address of New Registrand Agent I. Name and Address of New Registrand Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City	Tallahassee + Orida 1)	Mahassee Horida Montgomery Al				69	Not	Applicable	
LASSETER, ANTHONY P 882 BLOUNTSTOWN HWY TALLAHASSEE, FL 32304 City FL Zip Code	32304	3617				Fee	Required	ionai	
Steed Address (P.O. Box Number is Not Acceptable) City FL Zip Code 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 Israelian with, and accept the obligations of registered agent. SIGNATURE: Symptomy and agents agent and last approach. (POTE Registered agent, or both, in the State of Florida. I am Israelian with, and accept the obligations of registered agent. FILE NOWITI FEE IS \$150.00 Due by September 6, 2006 9. Election Campaign Financing	Name .								
B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Forida. I am femiliar with, and accept the obligations of registered agent. Comment Co	882 BLOUNTSTOWN HWY			Street Address (P.O. Box Number is Not Acceptable)					
The body of the property and the function of the property and the		,	City	<u>.</u>		FL	Zip Code		
SIGNATURE Symmers, specific prized by modification of supplemental report and liter if accidable. (NCTE Registered Agent signature required when releasement) FILE NOWIII FEE IS \$150.00 Bue by September 6, 2006 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Accided to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Debte TITLE Debt									
Trust Fund Contribution. Added to Fees Corporation did not receive the prior notice.	SIGNATURE Anthony ?. Lackety 7-7-06								
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SIGNATURE: Trawell Dichara 7-7-06 334-396-5274	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								
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