FILED Feb 27, 2006 8:00 am Secretary of State

2006	FUR PRUFII GURFURATIO	JN
,	ANNUAL REPORT	

NAME STREET ADDRESS STREET ADDRES	1. Entity Name	е	# P0500010 NATIONAL TRAE		•	ED			02-27-2006	90048 01	6 ***150	0.00
Suite, Apt. 4, etc. Suite, Apt. 4, etc. Suite, Apt. 4, etc. City & State City & State City & State A FEI Number	8418 FOXWORTH CIRCLE 8418 FOXWORTH CIRCLE						L					Inak ji 1201
City & State City & State City & State Country Country Country S. Certificate of State Decised Application For Required Page 100 For Required Page	2. Principal P	lace of Busir	ess	3. M	ailing Address							
Country Country Country S. Certificate of Sittus Desired Name and Address of Current Registered Agent S. Kernificate of Sittus Desired Street Address of New Registered Agent S. Kernificate of Sittus Desired Street Address of New Registered Agent S. Kernificate of Sittus Desired Street Address of New Registered Agent S. Kernificate of Sittus Desired Street Address of New Registered Agent S. Kernificate of Sittus Desired Street Address of New Registered Agent S. Kernificate of New Registered Ag	Suite, Apt.	#, etc.		Su	ilte, Apt. #, etc.			01172006	Chg-P	CR2E0	34 (11/05)	
S. Name and Address of Current Registered Agent S. Name and Address of Current Registered Agent S. Name and Address of New Registered Agent S. Name and Address of New Registered Agent S. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) S. The above named only submite this Statement for the purpose of changing its registered Agent agent or both in the State of Florida. I am familiar with, and acceptable of registered agent age	City & State	e	,	Ci	City & State							
STAFFORD, TOMMIE YUAN 8418 FOXWORTH CIRCLE ORLANDO, FL 32819 City FL Zip Code	Zip	~ <u>_</u>	Country	Zi	p .	Cour	itry				\$8.75 Add	itional
STAFFORD, TOMMIE VUAN 84/18 FOXWORTH CIRCLE ORLANDO, FL 32819 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of Change in the State of Florida State of Florida. I am familiar with, and accept the purpose of Change in the State of Florida State of Florida State of Florida State of Change in the Information supplied with this filing does not qualify for the exemptions contained in Chapper 119, Florida Statuce, I further certify that the information supplied with this filing does not qualify for the exemptions contained in Chapper 119, Florida Statuce, I further certify that the information supplied with this filing does not qualify for the exemptions contained in Chapper 119, Florida Statuce, I further certify that the information supplied with this filing does not qualify for the exemptions contained in Chapper 119, Florida Statuce, I further certify that the information supplied with this filing does not qualify for the exemptions contained in Chapper 119, Florida Statuce, and that my name statemate in Block 100 of the code of		6. Name	and Address of Currer	nt Registe	red Agent		Name	7. Name and	Address of New F			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE	8418 FOX\	NORTH C	IRCLE					(P.O. Box Numbe	er is Not Acceptabl	е)		
8. The above named critiry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Tam familiar with, and accept to displacions of registered agent. (NOTE Registered Agent Signature, hood or printed rame of registered agent. (NOTE Registered Agent Signature, hood or printed rame of registered agent. (NOTE Registered Agent Signature, hood or printed rame of registered agent. (NOTE Registered Agent Signature, hood or printed rame of registered agent. (NOTE Registered Agent Signature, hood or printed rame of registered agent. (NOTE Registered Agent. hood or registered agent. or both, in the State of Florida. Tam familiar with, and accept to be displaced agent. (NOTE Registered Agent. hood or registered agent. or both, in the State of Florida. Tam familiar with, and accept to be displaced agent. (NOTE Registered Agent. hood or registered agent. or both, in the State of Florida. Tam familiar with, and accept to be displaced agent. (NOTE Registered Agent. hood or registered agent. or both, in the State of Florida. Tam familiar with, and accept to be displaced agent. (NOTE Registered Agent. hood or registered agent. or both, in the State of Florida. Tam familiar with, and accept the supplied agent. (NOTE Registered Agent Signature) (NOTE Registered		. ,					City -			FI	Zip Code	-
SIGNATURE Stratum, wood or correspondence of registered apent and bits in applicable MOTE Registered Apent signature required when rendataring) DATE				for the pu	rpose of changing its	register	ed office or register	red agent, or bot	h, in the State of Fl		amiliar with,	and accept
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. ITILE PD STAFFORD, TOMMIE YUAN SATE ADDRESS OITY-ST-2P ITILE ORANGE ORLANDO, FL 32819 Delete ITILE NAME NAME OITY-ST-2P ORLANDO, FL 32819 ORLANDO, FL 32819		ions or regis	ered agent.		•							
After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution.	, SIGNATURE =	Signature, typed	or printed name of registered age	ent and title if a	applicable. (NOT	E.: Registere	d Agant signature requirer	d when reinstating)		DATE		
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CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information of 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 of Block 10 or Block 10 or Block 11 of Block 10 or Block 11 or Block 11 or Block 10 or Block 11 or B	TITLE				☐ Delete	HIL	E	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes, I further certify that I have not 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	-						1					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information 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 cath; 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	NAME STREET ADDRESS				. Delete	NAN STR	ME EET ADDRESS				Change ,	☐ Addition
SIGNATURE: 10000 2/24/06	12. I hereby of indicated of the corchanged.	poration or t , or on an att	he receiver or trustee en	npowered	to execute this report	as requ	emptions contained ture shall have the ired by Chapter 60'	d in Chapter 119 same legal effec 7, Florida Statute), Florida Statutes. that as if made under es; and that my nan	I further cert oath; that I and appears in	ify that the ir am an officer n Block 10 or	nformation or director Block 11 if