2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 24, 2006 08:00 AM Secretary of State

No. App Country Z.p Country S. Certificate of Status Desired \$8.75 Additional Fee Required Fee Re	1. Entity Nar	MENT # P0500010						Secreta	ny or S	ıav	C
ST AUGUSTINE, FL 23084 2. Principal Place of Business Suite, Apt. fl, etc. City & State City & State Country Zip Country S. Certificate of Status Desired See Supplied of Status Desired See Respirated S. Name and Address of Current Registered Agent T. Name and Address of New Registered Agent T. Name and Address of New Registered Agent ZIMICRIZYNISKI, TOMAR 162 ST GEORGE STREET ST AUGUSTINE, FL 23084 Streat Address (P.O. Box Number is Not Acceptable) ST AUGUSTINE, FL 23084 Streat Address (P.O. Box Number is Not Acceptable) ST AUGUSTINE, FL 23084 Streat Address (P.O. Box Number is Not Acceptable) 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 an dread on the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and an dread on the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and an dread on the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and an dread on the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and an dread office or registered agent, or both, in the State of Florida. I am familiar with, and a dread office or registered agent, or both, in the State of Florida. I am familiar with, and a dread office or registered agent, or both, in the State of Florida. I am familiar with, and a dread office or registered agent, or both, in the State of Florida. I am familiar with, and a dread office or registered agent, or both, in the State of Florida. I am familiar with, and a dread office or registered agent, or both, in the State of Florida. I am familiar with, and a dread office or registered agent, or both, in	Principal Pla	ce of Business	Mailing Address	 ,			}				
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B. Name and Address of Current Registered Agent 7. Name and Address of Now Registered Agent 7. Name and Address of Now Registered Agent 7. Name and Address of Now Registered Agent 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 at the obligations of registered agent. 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 at the obligations of registered agent. 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 at the obligations of registered agent, or both, in the State of Florida. I am familiar with, and at the obligations of registered agent, or both, in the State of Florida. I am familiar with, and at the obligations of registered agent, or both, in the State of Florida. I am familiar with, and at the obligations of registered agent, or both, in the State of Florida. I am familiar with, and at the obligations of registered agent, or both, in the State of Florida. I am familiar with, and at the obligations of registered agent, or both, in the State of Florida. I am familiar with, and at the obligations of registered agent, or both, in the State of Florida. I am familiar with, and at the obligations of registered agent, or both, in the State of Florida. I am familiar with, and at the obligations of registered agent, or both, in the State of Florida. I am familiar with, and at the obligations of registered agent, or both, in the State of Florida. I am familiar with, and at the obligations of registered agent, or both, in the State of Florida. I am familiar with, and at the obligations of registered agent, or both, in the State of Florida. I am familiar with, and at the obligations of registered agent, or specific agent, or spe	City & State		City & State		}		4. FEI Number		ì		oplied For Applicable
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ST AUGUSTINE, FL 23084 City FL Zio 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. It am familiar with, and entitle obligations of registered agent. SIGNATURE S	ZWIERZY	NSKI, TOMIR			}	}					
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12. Thereby certify that he information supplied with this information that the information that it is information that it is the proof of the proof of the corporation of the receiver or trustee empowered to execute that my signature shall have the same legal effect as it 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: =

R LIAN ASSA

305/197-0388