

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90273 046 ***158.75

60027255



04112006 Chg-P CR2E034 (11/05)

4. FEI Number **352263123** Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOLTON-HENRY, SANDRA
2790 SOMERSET DR #207
LAUDERDALE LAKES, FL 33311

7. Name and Address of New Registered Agent

Name
Street 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 office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

TITLE	D	<input type="checkbox"/> Delete
NAME	BOLTON-HENRY, SANDRA	
STREET ADDRESS	2790 SOMERSET DR #207	
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33311	
TITLE	D	<input type="checkbox"/> Delete
NAME	HENRY, ARLENE	
STREET ADDRESS	9291 LAUREL GREEN DR.	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TRUDY-ANN EDWARDS	
STREET ADDRESS	2790 SOMERSET DR. #207	
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33311	
TITLE	P/D/S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SANDRA BOLTON HENRY	
STREET ADDRESS	2790 SOMERSET DR #207	
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33311	
TITLE	MD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAUL BLAKE	
STREET ADDRESS	8979 WEST SUNRISE BLVD.	
CITY-ST-ZIP	PLANTATION, FL 33322	
TITLE	CHAIRMAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHARLTON HENRY	
STREET ADDRESS	2790 SOMERSET DR #207	
CITY-ST-ZIP	LAUDERDALE LAKE, FL 33311	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 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: Sandra Henry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/06 954714-4874
Date Daytime Phone #