## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 06, 2006 8:00 am Secretary of State

ANNOAL KEI OKI								Secretary or State				
DOCUI 1. Entity Nam A1 TOUC	ie	# P05000136 ALY, INC.				03-06-2006 9	•					
Principal Plac	e of Busines	S	Mailing Address				<b>₫</b> ₩₩~	_				
1617 SUGARPINE DR.			1617 SUGARPINE DR.			-						
MIDDLEBURG, FL 32068			MIDDLEBURG, FL 320	•		· · · ·	, <b>4</b>					
		, ,,,,										
2. Principal Place of Business 4037 Half Moon Circle 3. Mailing Address 4037 Half Moon Cir												
											1001	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				02172006	Chg-P	CR2E03	4 (11/05)		
City & State			City & State				. ==!4!					
Middleburg, FL			Middleburg, FL				4. FEI Numb			<u> </u>	plied For	
	41.6, 1	Country					20-3585330   Not Applicable					
32068	Clay		32068 Clay		-	5.		of Status Desired		8.75 Add		
	6. Name	and Address of Current I					7. Name and Address of New Registered Agent					
Name  Name												
SCHIANO, EDMONDO D						Schiano, Edmondo D.						
1617 SUGARPINE DR					Street Address (P.O. Box Number is Not Acceptable)							
MIDDLEBU	JRG, FL	32068			_403/	4037 Half Moon Circle						
	, "				l							
					City M-1	City Middleburg FL Zip Code 32068						
8 The above	8. The above named entity submits this statement for the purpose of changing its registerer						ed scent as be	th in the Chair of Flori		<del>3206</del>	8	
the obligati	ions of regis	tered agent.	the purpose of changing its	registere	ad onic <del>a</del> or i	register	ed agent, or bo	In, in the State of Flor	ida. Tam ta	miliar with,	and accept	
the obligations of registered agent.												
SIGNATURE_	S:	4										
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE												
O Flanting Committee Financia												
FILE NOW!!! FEE IS \$150.00  After May 1; 2006 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees												
Alter In	ay ii, 200	o ree will be \$550.0	,,,		_	, , , ,						
10.	,	OFFICERS AND I	DIRECTORS	11.			ADDITIONS.	CHANGES TO OFFI	ERS AND (	DIRECTORS	S IN 11	
TITLE	DP Delete TITLE					DP			,	💆 Change	☐ Addition	
NAME	SCHIANO, EDMONDO D					Schi	Lano, Ed	mondo D.				
STREET ADDRESS	1617 SUGARPINE DR					4037	7 Half M	oon Circle				
CITY-ST-ZIP	MIDDLEE	BURG, FL 32068		CITY-S			lleburg,	F1 32068				
TITLE			Delete	TITLE			•			☐ Change	☐ Addition	
NAME				NAME								
STREET ADDRESS					ET ADDRESS							
CITY-ST-ZIP				CHY-	-ST-ZIP							
TITLE			☐ Delete	TITLE	1					Change	Addition	
NAME	İ			NAM							İ	
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS							
				ÇIIY	-ST-ZIP							
TITLE			☐ Delete	TITLE						☐ Change	Addition	
NAME STREET ADDRESS				NAM								
CITY-ST-ZIP					ET ADDRESS -ST-ZIP							
TITLE NAME			☐ Delete	TITLE						☐ Change	Addition	
STREET ADDRESS				NAM								
CITY-SI-ZIP					ET ADDRESS -St-zip							
TITLE	-	w		_								
NAME			Delete	TITLE						☐ Change	☐ Addition	
STREET ADDRESS					ET ADDRESS							
CITY-SI-ZIP					-ST-ZIP							
	Certify that th	ne information supplied with	this filing does not qualify to			ntaine	t in Chapter 11	9 Florida Statutor 11	urthan acris	u that the '	oformatics	
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.												
<b>SIGNAT</b>	'URE: 🛚		- SCH	IAN	00.EC	10th	000	_02-70-	-06.	29L	8537	
SIGNATURE: SIGNATURE AND STREET NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Date Date Date Date Date											·	