## **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

## Jan 17, 2006 8:00 am **Secretary of State** DOCUMENT # P05000139509 01-17-2006 90263 017 \*\*\*150.00 LLAMA AND ASSOCIATES, INC. Principal Place of Business Mailing Address 4000-4367 N. FEDERAL HIGHWAY 4367 N. FEDERAL HIGHWAY SUITE 201, COLONIAL BLDG. SUITE 201, COLONIAL BLDG FT. LAUDERDALE, FL 33308 FT. LAUDERDALE, FL 33308 2. Principal Place of Business 3. Mailing Address Suite Apt # etc. Suite, Apt. #, etc. 01062006 CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 54-2189329 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent O'DONNELL, JOHN D Street Address (P.O. Box Number is Not Acceptable) 4367 N. FEDERAL HIGHWAY SUITE 201, COLONIAL BLDG. FT. LAUDERDALE, FL 33308 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PVST TITLE ☐ Delete TITLE ☐ Change ☐ Addition NORRIS, ANTONIA L NAME NAME 4367 N. FEDERAL HWY STE 201 STREET ADDRESS STREET ADDRESS CITY-ST-7IP FT. LAUDERDLE, FL 33308 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NORRIS, ANTONIA L NAME STREET ADDRESS 4367 N. FEDERAL HWY STE 201 STREET ADDRESS CITY-ST-ZIP FT. LAUDERDLE, FL 33308 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME

FILED

12. Thereby 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.

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: (954) 880-0476

STREET ADDRESS

CITY-ST-ZIP