2006 FOR PROFIT CORPORATION

ANNUAL REPORT

FILED Mar 16, 2006 8:00 am Secretary of State

1. Entity Nam	ne	# P05000143 SYMNASTICS, IN		03-16-2006 90233 043 ***150.00						
Principal Place of Business 324 HARTWELL LANE DAVENPORT, FL 33897			Mailing Address 324 HARTWELL LANE DAVENPORT, FL 33897			I BBESI SIMI KBIHI BBIHI BBI	XI K ab ii Baba pa i		! 85 11 1 23]	
2. Principal P	Place of Busine	9\$5	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03022006	Chg-P	CR2E	34 (11/05)	
City & State			City & State			4. FEI Numb	02-0756	5731		plied For t Applicable
Zip	Country		Zip	<u> </u>			of Status Desired		\$8.75 Add Fee Required	
	6. Name a	and Address of Current		7. Name and Address of New Registered Agent Name						
SANTIAGO	O MILCIAD	nes		, Nar						
SANTIAGO, MILCIADES 324 HARTWELL LANE DAVENPORT, FL 33897			Street Ad			(P.O. Box Numb	er is Not Acceptable)		
				City	·		FL	Zip Code	<u></u>	
The above named entity submits this statement for the purpose of changing its registered office						ered agent, or bo	th, in the State of Flo		familiar with	and accept
the obligations of registered agent.										
SIGNATURE LA MILLON CONTINON										
/ Signal fire, typed or printed flame of registered agent find title if applicable. (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 \$5.00 May Be Added to Fees										
10.		OFFICERS AND	DIRECTORS		ADDITIONS.	CHANGES TO OFFI	CERS AND	DIRECTORS	S IN 11	
TITLE	P/D		☐ Delete	TITL	E				Change	☐ Addition
NAME), MILCIADES								
STREET ADDRESS CITY-ST-ZIP]	WELL LANE RT, FL 33897			ET ADDRESS -ST-ZIP					
TITLE	VP/D	K1,1L 33697	Delete TITLE		 					
NAME	JONES, KA	ATHRYN	LI Delete Inc.						Change	☐ Addition
STREET ADDRESS	324 HARTWELL LANE			STRE	ET ADDRESS		•			i
CITY-ST-ZIP	DAVENPORT, FL 33897				-ST-ZIP					
FITLE			☐ Delete	TITL	E				☐ Change	Addition
NAME CYPET ADDRESS				NAM	-					
STREET ADDRESS CITY-SJ-ZIP					ET ADDRESS -ST-ZIP					
TITLE			☐ Delete	TITL					☐ Change	☐ Addition
NAME Street address				NAM						
CITY-ST-ZIP	•			1	ET ADDRESS -ST-ZIP					
TITLE			Delete	TITLE					Change	☐ Addition
NAME	NAM									
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS - ST- ZIP					
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NAME			C Delete	NAM	I				C Anguige	☐ Weitigit
STREET ADDRESS				STRE	ET ADDRESS					
CITY-ST-ZIP					-ST-ZIP					
12. I hereby certify that the information supplied with this filling 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										