2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000145057

Address:

8257 NEEDLES DRIVE

City-St-Zip: PALM BEACH GARDENS, FL 33418 US

FILED Apr 10, 2006 Secretary of State

Entity Nai	me: 1500 AUS	STRALIAN CE	NTER, INC.					
Current Principal Place of Business:				New Princ	New Principal Place of Business:			
	DLES DRIVE ACH GARDEN	S, FL 33418	US	2010 AVEN RIVIERA B	NUE B EACH, FL 3340	4 US		
Current Mailing Address:				New Mailing Address:				
	DLES DRIVE ACH GARDEN	S, FL 33418	US	2010 AVEN RIVIERA B	NUE B EACH, FL 3340	4 US		
FEI Number:	: 20-3785929	FEI Number A	Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Desi	red ()	
Name and	Address of C	Current Regis	tered Agent:	Name and	Address of Nev	w Registered Agent	:	
	WAYNE DLES DRIVE ACH GARDEN	S, FL 33418	US					
	named entity : e of Florida.	submits this st	atement for the p	ourpose of changing i	ts registered offic	ce or registered agen	t, or both,	
SIGNATUR	RE:							
	Electror	nic Signature o	f Registered Ag	ent		Date		
Election Car	mpaign Financin	g Trust Fund Co	ntribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	CREBER, WAY 8257 NEEDLES		3418 US	Title: Name: Address: City-St-Zip:	()C	hange ()Addition		
Title: Name: Address: City-St-Zip:	MANCUSO, RA 8257 NEEDLES		3418 US	Title: Name: Address: City-St-Zip:	D (X) C MANCUSO, RAYM 479 MARINER DR JUPITER, FL 334	IVE		
Title: Name: Address: City-St-Zip:	ERICKSON, MI 8257 NEEDLES		3418 US	Title: Name: Address: City-St-Zip:	D (X) C ERICKSON, MICH 1500 AUSTRALIAI RIVIERA BEACH,	N AVE		
Title: Name: Address: City-St-Zip:	WILENSKY, W 8257 NEEDLES		3418 US	Title: Name: Address: City-St-Zip:	WILENSKY, WILL 406 PUMPKIN DR			
Title: Name:	D () WEAVER, BRIA) Delete N		Title: Name:	D (X) C WEAVER, BRIAN	hange()Addition		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

1000 KARA WAY

City-St-Zip: PALM BEACH GARDENS, FL 33410 US

SIGNATURE: RAYMOND MANCUSO DIR 04/10/2006