2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2006 08:00 AM Secretary of State

1. Entity Name	MENT # P05000168 TION, INC.	3153		'5 . 				Secreta	ry oi	State	
Principal Place of Business		Mailing Address									
2950 NW 22ND TERR. POMPANO BCH, FL 33069		2950 NW 22ND TERR. POMPANO BCH, FL 33069									
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2. Principal Pl	lace of Business	3. Mailing Address									
, , , , , , , , , , , , , , , , , , ,		_					18181 BIMS 8611 9811 9811	K! !!#!# #!!#! #	1141 1489 MILES 141	1881 II 1681	
Suite, Apt #, etc.		Sulte, Apt. #, etc.					04272006	Chg-F	CR2EC	34 (11/05)	
City & State		City & State				4. FEI Number			1—1	plied For	
Zip Country		Zip		Coun	Country		1	761960		_ No \$8.75 Add	t Applicable
_ 2.μ	Coomy		2.p		ut y		5. Certificate of	of Status Desired	Fee Requires		
	6. Name and Address of Current	Registered	Agent				7. Name and	Address of New R	egistered .	Agent	
SHEPHER	D, GEORGE E				Name						<u>-</u>
2950 NW 2	22ND TERR.		Street Addre			ldress (P.O. Box Numbe	r is Not Acceptable	3)		
POMPANC) BCH, FL 33069				· · · · · · · · · · · · · · · · · · ·		•				
					City				EI	Zip Code	3
■ The above	named entity submits this statement for	or the ourons	e of changing its	ranietar	ed office or	ranietei	red agent of boll	in the State of Fig.	vide Lam	temiliar with	and accept
	ions of registered agent.	or are purpos	e or cuanding its	, ognator	CO OINCO OF	registo.	od agont, or bot	e, in the elected of the	311.00. TOIL	tarring treet,	
SIGNATURE_											1
0(0) 1/10112	Signature, typed or printed name of registered agent	and little if applica	able, (NOT	E Registere	ad Agent signatur	re required	t when reinstating)		DATE		-
FILI After Ma	: E NOWIII FEE IS \$150.00 By 1, 2006 Fee will be \$550.		Election Campa Trust Fund Conf			\$5 Add	.00 May Be led to Fees				<i>!</i>
10.	OFFICERS AND	DIRECTOR		11.	1		ADDITIONS	CHANGES TO OFF	ICERS AND		
TITLE NAME	PSD SHEPHERD, GEORGE E		Delete	TITL NAS				1 1555 1 1555 15	67 6 ማማ ት የ	☐ Change	Addition
STREET ADDRESS	2950 NW 22ND TERR.				EET ADDRESS			000000 -05/12/06	.80040-	! -กกว เรเ	1.00
CITY-ST-ZIP	POMPANO BCH, FL 33069			Cith	(-5T-21P			00/12/00		000 100	
TITLE	VDT		☐ Dolete	212.7	,					☐ Change	Addition
NAME STRLET ADDRESS	LENNEP, JOHN VAN 2950 NW 22ND TERR.	-		NAA Stri	EET ADDRESS						
CITY-ST-ZIP	POMPANO BCH, FL 33069	•			r-st-zip						
TITLE			□ Delete	THE	- 1					☐ Change	Addition
NAME STREET ADDRESS				PAN.	AE EET ADDRESS.						
CITY-ST-ZIP					f-ST-ZIP						
TIFLE	***************************************		☐ De/ere	Icit	.E					Change	Addition
name				nan	(
STREET ADDRESS CITY-ST-ZIP				•	EET ADDRESS {						
TITLE		•	☐ Delete	TIST						☐ Change	Addition
NAME				NAA	3						
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CITY-ST-ZIP					f-ST-ZIP					T) Change	- Addition
NAME			Delete	TITL NAA	1					Change	∴ Addition
STREET ADDRESS	·			5	EET ADDRESS						
CITY-ST-ZIP	<u> </u>			CH	r-ST-20P	<u>. </u>					
12. I heroby o	certify that the information supplied wit	h this filing o	loes not qualify f	or the ex	emptions co	ontaine	d in Chapter 119	, Florida Statutes.	i further ce	rtify that the i	nformation

12. I recoby 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/06 954-234-6243