

FILED
Feb 21, 2007 8:00 am
Secretary of State

02-21-2007 90024 021 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P06000005819
1. Entity Name KATHLNNE NYCEL'S AR'S INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1297 ALSTER AVE Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State SPRING HILL, FL	City & State
Zip 34609	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-3919884	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name KATHLEEN NYCELL	
Street Address (P.O. Box Number is Not Acceptable) 1297 ALSTER AVE	
City SPRING HILL	State FL
	Zip Code 34609

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 _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.
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10. OFFICERS AND DIRECTORS	
TITLE PRESIDENT	NAME KATHLEEN NYCELL
STREET ADDRESS 1297 ALSTER AVE	CITY-ST-ZIP SPRING HILL, FL 34609
TITLE NAME	STREET ADDRESS CITY-ST-ZIP

11.	
TITLE NAME	STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Kathleen Nycel **KATHLEEN NYCEL** 2-17-07 352-666-1700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #