

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90341 015 ***150.00

40072762



03212006 Chg-P CR2E034 (11/05)

4. FEI Number
06-1305648

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	VS	<input type="checkbox"/> Delete
NAME	HUGHES, CHRISTIAN D	
STREET ADDRESS	27 WATERVIEW DR	
CITY-ST-ZIP	SHELTON, CT 06484	
TITLE	DC	<input checked="" type="checkbox"/> Delete
NAME	KISSNER, MATTHEW S	
STREET ADDRESS	1 ELMCROFT RD.	
CITY-ST-ZIP	STAMFORD, CT 06926	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	RYAN, MICHAEL	
STREET ADDRESS	27 WATERVIEW DR	
CITY-ST-ZIP	SHELTON, CT 06484	
TITLE	DVC	<input type="checkbox"/> Delete
NAME	WILLIAMSON, KEITH H	
STREET ADDRESS	27 WATERVIEW DR	
CITY-ST-ZIP	SHELTON, CT 06484	
TITLE	AS	<input type="checkbox"/> Delete
NAME	SEIDEMON, MICHELLE COHN	
STREET ADDRESS	27 WATERVIEW DR	
CITY-ST-ZIP	SHELTON, CT 06484	
TITLE	AS	<input type="checkbox"/> Delete
NAME	WALCOTT, JOHN	
STREET ADDRESS	27 WATERNEW DR	
CITY-ST-ZIP	SHELTON, CT 06484	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kleinman, David	
STREET ADDRESS	1 Elmcraft Rd	
CITY-ST-ZIP	Stamford CT 06926	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Helen Shan	
STREET ADDRESS	1 Elmcraft Rd	
CITY-ST-ZIP	Stamford CT 06926	
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Williamson, Keith	
STREET ADDRESS	27 Waterview Drive	
CITY-ST-ZIP	SHELTON, CT 06484	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby 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: John Walcott John Walcott Asst. Secy 4/17/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #