2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 24, 2006 8:00 am Secretary of State

1. Entity Nam	MENT #P						02-24-2006	5 90001 014 ***1:	50.00
Principal Place of Business Mailing Address						一 ; .			
• = · - · · · · · · · · · · · · · · ·			2701 N ROCKY POINT DR						
SUITE 1030			SUITE 1030			į			
TAMPA, FL 33607 TAMPA, FL 33607					1 18811881 1	I 11116 81111 B1811 LT B18 II	I BIRK BIRTI BRUK BIRIN RIBI BIR		
2. Principal Place of Business			3. Mailing Address			·			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02152006	Chg-P	CR2E034 (11/05)	
City & State			City & State			4. FEI Numb 59-309			oplied For ot Applicable
Zip	Coun	ntry	Zip	Coun	ntry	5. Certificate	of Status Desired	□ \$8.75 Add Fee Require	
	6. Name and Ad	! Idress of Current Re	gistered Agent		1	7. Name and	Address of New F		-
					Name	1 1 5	· · ·		
ACTON, CAROLYN					Street Address (P.O. Box Number is Not Acceptable)				
2701 N ROCKY POINT DR STE 1030				2701 N. Raky Point D.					
TAMPA, FL 33607					Suit	e 1030	,		
					City 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 obligat	tions of registered ag	ent.			Ē.	_		_	
SIGNATURE Sevel Nondis Accounting Manager 2-15-06 Signature, typed or printed name of registered againt and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
	Signature, typed or printed i		(10 to	. Hogistore	o rigo it organization	equired when reinstating)		DAIC	
FiL After M:	E NOW!!! FEE I		9. Election Campaig	gn Finar	ncing _	\$5.00 May Be Added to Fees			
After Ma	E NOW!!! FEE I ay 1, 2006 Fee	S \$150.00	9. Election Campaig Trust Fund Contri	gn Finar ibution.	ncing	\$5.00 May Be Added to Fees		FICERS AND DIRECTOR	
After Ma	E NOW!!! FEE I ay 1, 2006 Fee	S \$150.00 Will be \$550.00 OFFICERS AND DIF	9. Election Campaid Trust Fund Contri	gn Finar ibution. 11.	ncing	\$5.00 May Be Added to Fees		FICERS AND DIRECTOR:	S IN 11
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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