2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 28, 2006 08:00 AM Secretary of State

1. Entity Nar	MENT # P9300000582	2			·	
7810 WILES	ROAD _ 7	tailing Address 2810 WILES ROAD CORAL SPRINGS, FL 33067	US	} (\$\$\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		i kana kasaan is kan
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} L	O NOT WRITE II	y IHIS SPA		4. FEI Number 65-0386000		Applied For Not Applicable
	Andrew Control of the			5. Certificate of Status Desir		5 Additional leguired
ļ	6. Name and Address of Current Regis	itered Agent				
OWEN, RI 7810-D W				DO NOT	WRITE	• • • • • • • • • • • • • • • • • • • •
	O BEACH, FL 33067	. · ·		IN THIS		ann taet
}						
8. The above	named entity submits this statement for the p	ourpose of changing its register	ed office or registere	ed agent, or both, in the State	of Florida. I am familia	r with, and accept
Ihe obligations of registered agent. SIGNATURE						
	Signature, typed or printed name of registered agent and title	f epplicable (IVO7E, Registere	d Agent signature required	when reinstating)	DATE	
						
FIL After M	E NOW!!! FEE 13 \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.		DD May Be d to Fees		
After M	ay 1, 2006 Fee will be \$550.00 OFFICERS AND DIREC	Trust Fund Contribution.	☐ Adde	DD May Be d to Fees	Car San	
After M 10. TITLE NAME	ay 1, 2006 fee will be \$550.00 OFFICERS AND DIRECT P OWEN, RICHARD J	Trust Fund Contribution.	☐ Adde	d to Fees	See a file sometimes	
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14. I persoy certify that the information supplied with this libring does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further cartify that the information indicated on this report or expelience his true and accurate and that my signature shall have the same legal effect, as if made under call; 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:X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard OwenX, 9

954-345-6935

Daytima Phone 9