2006 FOR PROFIT CORPORATION' ____ANNUAL REPORT

SIGNATURE:

FILED Feb 03, 2006 08:00 AM Secretary of State

1. Entity Name	MENT # P930000221 Anning, Inc.	82				ary or state
	e of Business ASTLE DRIVE E, FL 32225	Mailing Address 345 GREENCASTLE DRIVE JACKSONVILLE, FL 32225				
DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent				01312006 No Chg-P CR2E034 (11/05) 4. FE! Number		
		DO NOT WRITE IN THIS SPACE				
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. It 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 agreement agreement.) DATE						
	E NOWIII FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00 OFFICERS AND D		ncing \$5	5.00 May Be ded to Fees		
Tivle Name Sireet address City-SI-ZIP	PS HENRY LUKE 345 GREEN CASTLE DRIVE JACKSONVILLE, FL 32225	1				
ntle Name Street adoress Cuty-St-21P	C LUKE, BARBARA 345 GREEN CASTLE DR. JACKSONVILLE, FL				1 4 00000 08-30041/50	8330 003-004 150.00
TITLE NAME STREET ADDRESS EITY-ST-ZIP					NOT WE	
name Street address City-St-Zip				in '	THIS SPA	ACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<u>-</u> .				
12. Thereby 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 507. 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.						