## 2006 FOR PROFIT CORPORATION ANNUAL REPORT



FILED Mar 06, 2006 8:00 am Secretary of State

Zip Country Zip Country 5, Certificate of Status Desired \$8.75 Addition Fee Required—  6. Name and Address of Current Registered Agent 7, Name and Address of New Registered Agent 1200 S PINE ISLAND RD PLANTATION, FL 33324  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 the obligations of registered agent.  SIGNATURE Signature, typed or printed name of registered agent and tide if applicable. (NOTE: Registered Agent signature required when reinstaining)  PATE  FILE NOW!!! FEE IS \$150.00 P. Election Campaign Financing Trust Fund Contribution. Added to Fees  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN INLE BATTEN, M. E STREET ADDRESS 1328 RACINE ST. SIREET ADDRESS 1328 RACINE ST. SIREET ADDRESS 1328 RACINE ST. SIREET ADDRESS 1328 RACINE, WI CITY-ST-2IP	olied For Applicable Lional
8226 PHILLIPS HIGHWAY BUILDING 100, SUITE 5 JACKSONVILLE, FL 32256  2. Principal Place of Business  Suite, Apt. 4, etc.  Suite, Apt. 4, etc.  Suite, Apt. 4, etc.  Suite, Apt. 4, etc.  City & State	olied For Applicable Lional
Suite, Apt. #, etc.  Suite, Apt. #, etc.  O1252008 Chg-P CR2E034 (11/05)  City & State  Country  Country  Country  S. Certificate of Status Desired Status Desired \$8.75 Addition Fee Required—  6. Name and Address of Current Registered Agent  Name  C T CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION, FL 33324  City  City  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  Note: Registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent.  Signature. Flood or printed name of registered agent and tas if applicable.  Note: Registered Agent signature required when reinstating)  DATE  FILLE NOWILL FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN  TRUE  MME BATTEN, M. E  SIREET ADDRESS  1228 RACINE ST.  SIREET ADDRESS	olied For Applicable Lional
City & State  Country  S. Certificate of Status Desired  \$8.75 Addition Fee Required  T. Name and Address of New Registered Agent  Name  C T CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION, FL 33324  City  City  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 the obligations of registered agent.  SIGNATURE  Signature.  Signature. Product name of regulared agent and the # Applicable.  (NOTE: Regulared Agent separate required when refensating)  P. Election Campsign Financing Trust Fund Contribution.  TITLE  CD  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MAKE MAKE BATTEN, M. E STREET ADDRESS  CITY-SI-ZIP  RACINE, WI  TITLE  PD  OBelee  TITLE  PD  OBELE  TITLE  PD  OBELE  TITLE  PD  OBELE  TITLE  PD  OBELE  STREET ADDRESS  STREET	Applicable
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I hereby certify that the information supplied with this filling 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.

Michael E. Bo Hen

GNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daylime Phone #

SIGNATURE: