2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000038818

FILED Mar 22, 2006 8:00 am Secretary of State

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i i	E DLLER, INC.					3						
Principal Place 162 E DOUGL OLDSMAR, FL	LAS RD.	10	iling Address 52 E DOUGLAS RD LDSMAR, FL 34677	US	1				vvv			
2. Principal Pl	lace of Business	3. M	Mailing Address									
Suite. Apt. #, etc.			Suite, Apt. #, etc.				02222006	Chg-P	CR2E	034 (11/05)	•	
City & State			City & State		4. FEI Number 59-3185817			Applied For Not Applicable				
Zip	Country		(ip	Coun	ntry			of Status Desired		\$8.75 Ad Fee Require		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent							
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7522 NORTH 40TH STRET				Street Address (P.O. Box Number is Not Acceptable)								
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	named entity submits this state ions of registered agent.	tement for the p	urpose of changing its	register	ed office or regis	istere	d agent, or bo	th, in the State of F	Torida. I an	familiar with	, and accept	
li le obligati	X 2			<u>کر ر</u>	R St	kN.	τ		2/2	1 200	_	
SIGNATURE_	Signature, typed or printed namerol registe	tered agent and little of	applicable. (NOT	E: Registere	ed Agent signature requ	Jured v	- non reinstrums)	·	DATE	2/2004		
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	E NOW!!! FEE IS \$150. by 1, 2006 Fee will be		9. Election Campa Trust Fund Cont		ncing .	\$5.0 Adde	00 May Be d to Fees		SAIL	,		
After Ma	ay 1, 2006 Fee will be OFFICEI		Trust Fund Cont	ribution.	ncing 9	\$5.0 Adde	00 May Be d to Fees	/CHANGES TO OF	FICERS AN			
After Ma	oy 1, 2006 Fee will be OFFICEI	\$550.00	Trust Fund Cont	11.	noing A	\$5.0 Adde	00 May Be d to Fees	/CHANGES TO OF	FICERS AN	D DIRECTOR	RS IN 11	
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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 eath; 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: Duane C. Whitman Duane C. Whitman 3-20-00 (813) 854-4119

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

Date

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