## • 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 01, 2006 08:00 AM Secretary of State

ANNUAL REPORT			Secretary of State		
DOCUMENT # P9300 1. Entity Name			Secretary	of State	
HOWARD R. WOMELDORPH	, JR., C.P.A., P.A.				
Principal Place of Business	Mailing Address		1		
7416 OAK RUN LANE SARASOTA, FL 34243	7416 OAK RUN LANE SARASOTA, FL 34243				
DO NOT WE	RITE IN THIS SPA	\CE	02152008	No Chg-P C	R2E034 (11/05)
DO NOT WIT	ALE MA THIS SEA	<b>NOL</b>	4. FEI Numbe 65-0414		Applied For
				of Status Desired	\$9.7E
6. Name and Address of	Current Registered Agent	}			
WOMELDORPH, HOWARD R JR			DO	NOT WRI	TE
7416 OAK RUN LANE SARASOTA, FL 34243	-			HIS SPA	
			114 1	IIIO OFA	GE
The above named entity submits this state the obligations of registered agent.	tement for the purpose of changing its regist	lered affice or register	red agent, or boil	h, in the State of Florida.	1 am familiar with, and accept
SIGNATURE Signature, typed or printed name of regin	tered agent and title if applicable (NOTE Regist	lered Agent signature required	f when reinstating)		DATE
FILE NOW!!! FEE IS \$150 After May 1, 2006 Fee will be	9. Election Campaign Fir \$550.00 Trust Fund Contribution		.00 May Be led to Fees		
	RS AND DIRECTORS			·	· <u>-</u>
TITLE D  NAME WOMELDORPH, HOWA	RI. R. OR	1			
STREET ADDRESS 7416 OAK RUN LANE		1			
CITY-SI-ZIP SARASOTA, FL 34243	·· ·	_		Hananacc	Cede
NAME					9935 043-007 150.00
STREET ADDRESS					
GITY-ST-ZIP		_			
TITLE HAME					
STREET ACCITIESS			DO	NOT WR	ITE
ITLE					
NAME			IN	THIS SPA	CE
STREET ADDRESS CITY-ST-ZIP		1			
TITLE		-1			
NAME		1			
STREET ADDRESS CITY-ST-DP					
TITLE		-			

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 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:

NAME STREET ADDRESS CITY - ST - ZIP

MANUTE AND DIFFE OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

4/24/00

Daytime Phone A