## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 02, 2006 8:00 am Secretary of State

270 284 294 38401 Country 295 38401 Country Anno Anno Anno Alchard  Stread Address of New Registered Agent  Name Anno Anno Anno Alchard  Stread Address (P. Box Number is Not Acceptable)  225 SOUTH OUNE AVENUE COEST PAUL BRACH COUNTE AVENUE COEST PAUL BRACH COEST PAUL BRACH COEST PAUL BRACH COUNTRIBUTE Souths hydrocountry Country Cou		05-02-2006 90203 044 ***158.				649	<b>193000052</b> ENUE,INC.		1. Entity Nam
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8. Name and Address of Current Registered Agent  7. Name and Address of Now Registered Agent  8. The Above Trainers would submit this statement of the Current Registered office or registered agent, or both, in the State of Florida. I am familiar with, an the objectives of registered agent, or both, in the State of Florida. I am familiar with, an the objectives of registered agent, or both, in the State of Florida. I am familiar with, an the objectives of registered agent, or both, in the State of Florida. I am familiar with, an the objectives of registered agent, or both, in the State of Florida. I am familiar with, an the objectives of registered agent, or both, in the State of Florida. I am familiar with, an the objectives of registered agent, or both, in the State of Florida. I am familiar with, an the objectives of registered agent, or both, in the State of Florida. I am familiar with, an the objectives of registered agent, or both, in the State of Florida. I am familiar with, an the objectives of registered agent, or both, in the State of Florida. I am familiar with, an the objectives of registered agent, or both, in the State of Florida. I am familiar with, an the objectives of Florida. I am familiar with, an the objectives of Florida. I am familiar with, an the objectives of Florida. I am familiar with, an the objectives of Florida. I am familiar with, an the objectives of Florida. I am familiar with, an the objectives of Florida. I am familiar with, an the objectives of Florida. I am familiar with, an the objective of Florida. I am familiar with, an the objective of Florida. I am familiar with, an the objective of Florida. I am familiar with, an the objective of Florida. I am familiar with, an the objective of Florida. I am familiar with, an the objective of Florida. I am familiar w	oplied For ot Applicable		atch F	PAWY T	1				
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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 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 of the corporation for the receiver of myster employees to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block nor on an attachment with an address, with all other like empowered.	Addition  Addition  Addition	☐ Change ☐ Change ☐ Change	WOS TH	E ET ADDRESS -ST-ZIP  E ET ADDRESS	Delete Ti Nu STI CI			. ,	RAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP
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