. * 2006 FOR PROFIT CORPORATION

FILED Apr 07, 2006, 08:00 AM

| ANNUAL REPORT | | | | Api 07, 2000 00.00 AM | | | |
|---|---|--|-------------------------------|--|----------------------------|--|--|
| DOCU 1. Entity Nan OAKVES | | 485 | | | Secreta | ry of State | |
| 5100 87T S | ce of Business STREET EAST N, FL 34211 US | Mailing Address 5100 87T STREET EAST BRADENTON, FL 34211 U | S | | | MARKA BOSIN ASIN BISAN SANA ANDARA IR SANA | |
| DO NOT WRITE IN THIS SPACE | | | | 02282006 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For | | | |
| | | | | 5. Certificate | 33412 of Status Desired | Not Appilcal \$8.75 Additional Fee Required | |
| | 6. Name and Address of Current F | Registered Agent | | <u> </u> | | | |
| HOGAN, PATRICK M 5100 87TH STREET EAST BRADENTON, FL 34211 | | | DO NOT WRITE IN THIS SPACE | | | | |
| 8. The above the obligat | e named entity submits this statement for tions of registered agent. | the purpose of changing its register | red office or register | ed agent, or bo | oth, in the State of Flor | ida. I am familiar with, and acce | |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. [NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | |
| FILE NOWILL FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. | | | | .00 May Be ed to Fees | | | |
| 10. | OFFICERS AND D | DIRECTORS | T. | | 1 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HUNT, ROBERT A 5100 87TH STREET EAST BRADENTON, FL 34211 | | | | 0000004 04/21/06-8 | 95228 9002-007 150.00 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPS HOGAN, PATRICK 5100 87TH STREET EAST BRADENTON, FL 34211 | | | | 04721700-6 | DOOC_OO! 130.00 | |
| Title Name Street address City-St-IIP | | | | DO | NOT W | RITE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | IN THIS SPACE | | | |
| TITLE MANYE STREET AUDRESS CITY-ST-ZIP | | | | | | | |
| TITLE NAME | | | | | | | |

12. 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 cath; 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: _

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/06 (941) 758-2424 Date Dayting Proces