## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** Jan 17, 2006 08:00 AM

32			Secreta	ary of State
721 US HWY 1 STE 222	08 US			
N THIS SPA	CE	01112006 4. FEI Number 65-0455	No Chg-P	CR2E034 (11/05)  Applied For Not Applicable  \$8.75 Additional Fee Required
stered Agent				
e il applicable (NOTE Registare	d Agent signature required	i when reinstating)	Henna	DATE 0385604 -81003-001 150.00
CTORS				
	Mailing Address 721 US HWY 1 STE 222 NORTH PALM BEACH, FL 334  N THIS SPA  stered Agent  purpose of changing its register ell applicable (NOTE Register Trust Fund Contribution.	Mailing Address 721 US HWY 1 STE 222 NORTH PALM BEACH, FL 33408 US  N THIS SPACE  Stered Agent  purpose of changing its registered office or register ell applicable (NOTE Registered Agent signature required  9. Election Campaign Financing Trust Fund Contribution.  Add	Mailing Address 721 US HWY 1 STE 222 NORTH PALM BEACH, FL 33408 US  O1112006  4. FEI Number 65-0455 5. Certificate of Stered Agent  DO IN T  purpose of changing its registered office or registered agent, or both eliappicable (NOTE Registered Agent signature required when reinstating)  9. Election Campalgn Financing Trust Fund Contribution.  GTORS  DO  DO  DO  DO  DO  DO  DO  DO  DO  D	Additing Address 721 US HWY 1 STE 222 NORTH PALM BEACH, FL 33408 US  D1112006 No Chg-P  4. PEI Number 65-0455102 5. Certificate of Status Desired  Stered Agent  DO NOT W IN THIS SP  purpose of changing its registered office or registered agent, or both, in the State of Florence of Status Desired  1 at applicable  (NOTE Registered Agent signature required when reinstating)  9. Election Campaign Financing Trust Fund Contribution.  1 Added to Fees  U1/19/06

12. (hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Plorida Statutes. I further certify that the information inclicated 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, Plorida 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:

SIGNATURE: 4

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/06 Date

561 863 7166 Distribution Proces

ILICHARD E. BRODENA