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

## Aug 15, 2006 8:00 am Secretary of State DOCUMENT # P9400002639 08-15-2006 90002 031 \*\*\*550.00 R.O. WHITE & COMPANY, INC. Principal Place of Business Mailing Address P: 0. BOX 13126 2550 EISENHOWER BLVD FT. LAUDERDALE, FL 33316 US **SUITE 308** FT. LAUDERDALE, FL 33316 2. Principal Place of Business 3, Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07212006 Chg-P CR2E034 (11/05) Applied For City & State 4. FEI Number 65-0461571 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WHITE, ROYAL O JR 2000 S BAYSHORE DR #7 Street Address (P.O. Box Number is Not Acceptable) MIAMI, FL 33133 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be П Trust Fund Contribution. Added to Fees Due by September 6, 2006 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE PΩ Delete TITLE Addition WHITC, ROYAL WHITE, ROYAL O NAME NAME Accos Bayshine Drive MIAMI FL 33183 2000 S. BAYSHORE DRIVE, #7 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33133 CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition WHITE, JOANNE M NAME NAME STREET ADDRESS 2000 S. BAYSHORE DRIVE, #7 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33133 CITY-ST-7IP Delete TITLE Addition TITLE ☐ Change Simmers NAME NAME HANGEN BRUD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 070G6 Addition TITLE Delete TITLE ☐ Change BOUTH H. DUTCLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify to 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 of trustee empowered to execute this report as fourth by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with ap a are SIGNATURE:

**FILED**