2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 12, 2006 8:00 am Secretary of State 04-12-2006 90073 014 ***150.00

DOCUMENT # P94000 1. Entity Name F.L.A. SURVEYS CORP.	046338	
Principal Place of Business	Mailing Address	
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SCHELLING JEFFREY S. 2240 TRECLE CANTON WAY NAPLES, FL 34109 City C	Zip 34104 Country Zip Coun			Country	5. Certificate	of Status Desired					
SCHELLING, JEFTREY S. 24109 City FL		8. Name and Ad	dress of Current R	legistered Agent		7. Name and	d Address of New Re	gistered A	gent		
RAPLES, FL 34109 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Symalus, typed of photed name of registered agent and too if applicable. (NOTE: Registered agent, or both, in the State of Florida. I am familiar with, and accept property of the state of Florida. I am familiar with, and accept property of the state of Florida. I am familiar with, and accept property of the state of Florida. I am familiar with, and accept property of the state of Florida. I am familiar with, and accept property of the state of Florida. I am familiar with, and accept property of the state of Florida. I am familiar with, and accept property of the state of Florida. I am familiar with, and accept property of the state of Florida. I am familiar with, and accept property of the state of Florida. I am familiar with, and accept property of the state of Florida. I am familiar with, and accept property of the state of Florida. I am familiar with, and accept property of Florida. I am familiar with, and accept property of Florida. I am familiar with, and accept property of Florida. I am familiar with, and accept property of Florida. I am familiar with, and accept property of Florida. I am familiar with, and accept property of Florida. I am familiar with, and accept property of Florida. I am familiar with, and accept property of Florida. I am familiar with, and accept property of Florida. I am familiar with, and accept property of Florida. I am familiar with, and accept property of Florida. I am familiar with, and accept property of Florida. I am familiar with, and accept property of Florida. I am familiar with, and accept property of Florida. I am familiar with, and accept property of Florida. I am familiar with, and accept property of Florida. I am familiar with, and accept property of Florida. I am familiar with, and accept property of Florida. I am familiar with, and accept	SCHELLING, JEFFREY S.				Name						
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 Rorida. Tam farmiliar with, and accept the obligations or registered agent. SIGNATURE STREEM NOWNII FEE 18 \$150.00					Street Addr	Street Address (P.O. Box Number is Not Acceptable)					
SIGNATURE Signature True Change Addition SireErt ADDRESS CITY-ST-ZP Change Addition Change Change Change Addition Change Change					City			FL	Zip Code	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 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 charged, or on an attachment with an address, with pit other like empowered.

SIGNATURE:

CLINTON W. FINSTRD 45 3.28.06 239-566-5025

MEDIAME OF SIGNED OFFICER OF PRESIDENT Date 239-566-5025