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

## **FILED** Jan 30, 2006 8:00 am Secretary of State

01-30-2006 90146 001 \*\*\*600.00

DOCUI 1. Entity Nam TRESOR				01-30-2006 90146 001 ***600.00			0.00			
Principal Place	e of Business	Mailing Address		\ <del></del>				000	00500	
7135 S. US HWY ONE PORT ST. LUCIE, FL 34952		7135 S. US HWY ONE PORT ST. LUCIE, FL 34952						6601	00530	ļ
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01052	2006	Chg-P	CR2E0	34 (11/05)	
City & State		City & State			_	Number -05443	361		<u> </u>	oplied For ot Applicable
Žip	Country	Zip	Coun	itry	5. Ceri	tilicate of	Status Desired	<b>.</b>	\$8.75 Add Fee Require	
	6. Name and Address of Curren	t Registered Agent			7. Nan	ne and A	ddress of Nev	v Registered	Agent	
CHADIRE S	-AT 1311 -			Name n	Michae	.1	Fai	srot		
ACHAPIN, RALPH 7 <del>135 S. US HWY ON</del> E PORT-ST. LUCIE, FL 34952										rtway
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	named entity submits this statement	for the purpose of changing its	s registere	ed office or re			in the State of	Florida. I am	familiar with,	and accept
the obligat	ions of registered agent.	<u> </u>						1-10	-06	
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOT	E: Registere	ed Agent signature	e required when reinsta	ating)		DATE	-06	
FIII										
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550	9. Election Campa Trust Fund Con	-	· -	\$5.00 May Added to Fee	Be es				
		.00 Trust Fund Con	-		Added to Fee	s	HANGES TO C	OFFICERS AND	DIRECTOR	S IN 11
After Ma	officers an	.00 Trust Fund Con	tribution.	E	Added to Fee	s	HANGES TO C	OFFICERS AND	DIRECTOR	S IN 11
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:	* michel & Jan	1	1-10-0	6 772-528-2	076
	SIGNATURE AND TYPED OF PRINTED NAME OF FIGHING OFFICER OF DIRECTOR	Pres	Date	Daytime Phone ■	