2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: Louise GEFFERT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR D

FILED DOCUMENT # P95000028814 Feb 10, 2006 08:00 AM Secretary of State LOUISE GEFFERT, INC. Principal Place of Business Mailing Address 2034 BRENDLA RD CLEARWATER FL 33755 2034 BRENDLA RD CLEARWATER FL 33755 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-3314621 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GEFFERT, LOUISE 2034 BRENDLA RD Street Address (P.O. Box Number is Not Acceptable) **CLEARWATER FL 33755** City 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Unnonn428535 □ Change Addition TITLE ☐ Delele THE HAME NAME GEFFERT, LOUISE 02/21/06-80050-023 150.00 STREET ADURESS STREET ADDRESS 2034 BRENDLA RD CITY-ST-ZIP CLEARWATER FL 33755 CITY-ST-ZIP ☐ Delete THE ☐ Change ☐ Addition TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY ST-7IP Change Addition Delin. TITLE FITTE NAME NAME STREET ADDRESS STRUET ADDRESS CITY - ST - ZIP CITY ST-71P ☐ Delete TITLE Change ☐ Addition TITLE 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 CITY ST-ZIP MILE ☐ Defete HILE Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certily that the information supplied with this Isling does not qualify for the exemptions contained in Section 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.