2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED DOCUMENT # P95000033739 Feb 20, 2006 08:00 AN 1. Entity Name **Secretary of State** 2505 TANGLEWOOD STREET, INC. Principal Place of Business Mailing Address 11031 CLIPPER COURT WINDERMERE FL 34786 2505 TANGLEWOOD STREET LAKELAND FL 33803 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 59-3320427 Not Applicat Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MOORE, C. RICHARD Street Address (P.O. Box Number is Not Acceptable) 11031 CLIPPER COURT WINDERMERE FL 34786 City 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 access 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May [After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. ☐ Delete TITLE Change □ Addi TITLE U00000442015 NAME MOORE, C. RICHARD NAME 03/0**4/**06-80002-002 15**0.**00 STREET ADDRESS STREET ADDRESS 11031 CLIPPER COURT CITY-ST-ZIP CITY-ST-ZIP WINDERMERE FL 34786 Change TITLE Am VΡ ☐ Delete TITLE NAME NAME MOORE, ANNETTE J STREET ADDRESS STREET ADDRESS 11031 CLIPPER COURT CITY-ST-ZIP WINDERMERE FL 34786 CITY-ST-ZIP TITLE ☐ Defete TITLE Change □ Add NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP ☐ Change All A Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-St-7iP CITY-ST-ZIP Delete TITLE Change Asia" TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Adam. TITLE Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing 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 direction 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 1 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR