2006 FOR PROFIT CORPORATION

FILED Mar 13, 2006 08:00 AM

ANNUAL REPORT				Secretary of State		
DOCUMENT # P95000043889					~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	on source
1. Entity New ROBERT	E. BOURNE, JR., CHARTERE	D .		} }		
Principal Plac	ce of Business N	ailing Address		}		
521 LAKE A	· - ·	521 LAKE AVE.		{		
SUITE 3 LAKE WORTH		JUTE 3 AKE WORTH, FL 33460		\$ 300 m H m 46 5 51	SO INCON SIICE NATU CETTI RUCK	Com aude was cent thus there is the
				03102006	No Chg-P	CR2E034 (11/05)
DO NOT WRITE IN THIS SPACE				4. FEI Number Applied For		
				65-058		Not Applicab
				5. Certificate	e of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current Regi-	stered Agent			_	* ==
	ROBERT E JR.	DO NOT WRITE				
521 LAKE AVE. SUITE 3			IN THIS SPACE			
LAKE WORTH, FL 33460				11/2	1 HIS SP	ACE
					<u> </u>	
	e named entity submits this statement for the tions of registered agent.	purpose of changing its register	red office or registe	red agent, or bi	oth, in the State of Flo	nda. I am familiar with, and accep
SIGNATURE.						
	Signature Typed or printed name of registered agent and life	if applicable (NOTE Register)	ed Agent signature require	d when rematating)	·	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		Flection Campaign Financing Trust Fund Contribution. Add		00 May Be HHUUDDA54937 d to Fees 03/22/06-80016-007 150.00		
10.	OFFICERS AND DIRE	CTORS	-			
TITLE NAME	PD BOURNE, ROBERT E JR.		ł			
SIRLET ADDRESS	-		•			
City-St-ZIP	LAKE WORTH, FL 33460		_1			
TITLE	{		1			•
NAME STREET ADDRESS	1		ł			
City-ST-ZIP			1			
TITLE			1			
NAME OVER LEGERAGE	}					
STREET ADDRESS CITY-ST-ZIP	1		1	DO	NOT W	RITE
TATLE			1	INI	THIS SP	ACE
NAME			ł	11.4	THIS SE	MOE.
STREET ADDRESS	}		}			
Caly-S1-2iP		_	-1			
NAME.	{		Į.			
STREET ADDRESS	1		}			
CITY-ST-ZIP			4			
TriLE			}			
NAME STREET ADDRESS			1			

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. (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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with as other life empowered.

SIGNATURE:

When the information or the receiver or trustee empowered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with as other life empowered.

SIGNATURE:

When the information or the secure of the receiver of the corporation of the receiver of the receiver of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of the receiver of the corporation of the receiver of the recei

SIGNATURE:

CITY-ST-ZIP

BODELL IND EAST BRANE HAVE OUTSON OF FICER ON DIRECTOR