## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 01, 2006 08:00 AM Secretary of State

ANNUAL REPORT				Socretary of State		
DOCUMENT # P95000054249  1. Enlity Name MARLENE S. FLETCHER, M.D., P.A.				Secretary of State		
	or of Business 07TH STREET 3156	Mailing Address 6440 S.W. 107TH STREET MIAMI, FL 33156				N BRUM BRIM BRIM HEN BIBE KUMBA A COR
Ε	O NOT WRITE	ACE	04212006 No Chg-P CR2E034 (11/05)  4. FEI Number Applied For S5-0600963 Not Applied For Not Applied For S6-0600963  5. Certificate of Status Desired S6.75 Additional Fee Required			
FLETCHER, MARLENE S 6440 S.W. 107TH STREET MIAMI, FL 33156				DO NOT WRITE IN THIS SPACE		
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 is an familiar with, and accept the obligations of registered agent.  SIGNATURE  Stronure, typed or protect name of registered agent and the if applicable  (NOTE: Registered Agent signature required when reinstating)  DATE						
FILE NOWILL FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign Final Trust Fund Contribution.				.00 May Be led to Fees		
TO. TITLE NAME STREET ADDRESS CITY-ST-IP	OFFICERS AND D FLETCHER, MARLENE S 6440 S.W. 107TH STREET MIAMI, FL 33158	DIRECTORS			HONOO	1548369
HAME STREET ACORESS CITY-ST-ZIP					05/12706-	3548369 -80061-010 150.00
TITLE MAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS CITY - ST - ZIP  TITLE NAME STREET ADDRESS			DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					<u>.</u>	

12. Thereby certify that the information supplied with this filling 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 it 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 it changed, or on an attachment withyan address, with all other fixe empowered.

SIGNATURE: SIGNATURE MED ON PRINTED HAME OF SUPPLYED ON DIRECTOR

NAME STREET ADDRESS CITY-ST-ZIP

> 4/22/06 305343 Daystone Program 624