2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAL OFFICER OR DIRECTOR

FILED Apr 25, 2006 08:00 AN Secretary of State DOCUMENT # P95000095436 SUSAN E. LOGGANS, P.A. Principal Place of Business Mailing Address 420 SAN MARCO DRIVE 420 SAN MARCO DRIVE FT. LAUDERDALE FL 33301 FT. LAUDERDALE FL 33301 2. Principal Place of Business 3. Mailing Address Suite, Act. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 36-4056891 Not Applicable 210 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 C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 PINE ISLAND ROAD PLANTATION FL 33324 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 Signature, typed or printed name of registered agent and title it applicable (NOTE Registered Agent signature required when romstaling) FILE NOW!!! FEE IS \$150,00 \$5.00 May Be 9. Election Campaign Financing - After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TATLE ☐ Defete TITLE ☐ Change ☐ Addition NAME LOGGANS, SUSAN E. NAME STREET ADDRESS 420 SAN MARCO DRIVE STREET ADORESS CITY-ST-ZIP FT. LAUDERDALE FL 33301 CITY-ST-ZIP <u>05/96/96-80069-025 150.00</u> Delete TITLE Addition Chance MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP RILE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MILE ☐ Deleje TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-SI-ZIP TITLE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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.