2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _

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

269 262 - 5961 Daytime Phone 8

DOCUMENT # P9600003005 1. Entity Name WILLIAM L. POYER, P.A.)5 		Secretary of State
Principal Place 1078 FIFTH I NAPLES, FL	AVENUE SOUTH	Mailing Address P.O. BOX 2042 NAPLES, FL 34106		
ם	O NOT WRITE	N THIS SPA	04282008 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For S5-0624292 Not Applied For Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required	
POYER, W 458 8TH S NAPLES, I	T SOUTH FL 33940			11 11110 OT 110L
the obligat SIGNATURE	named entity submits this statement for the ions of registered agent. Signature, typed or printed name of registered agent and the ENOWILL FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00		od Agent signature respuise	######################################
10. TITLE NAME SIRELI ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DIRE D POYER, WILLIAM L. 1078 FIFTH AVE. S. NAPLES, FL 33940	CTORS		The second secon
STREET ADDRESS CITY-SI-ZIP TITLE MAME STREET ADDRESS CITY-SI-ZIP TITLE NAME				DO NOT WRITE IN THIS SPACE
STREET ADDRESS CITY-SI-ZIF LITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE				
MAME STREET ADDRESS CHY-ST-2IP 12. I hereby inclicated of the co.	certify that the information supplied with this on this report or supplemental report is true provation or the receiver or trustee empower.	filling does not qualify for the ex and accurate and that my sign; and to execute this report as read	emptions containe ature shall have the lired by Chapter 60	d in Chapter 119. Florida Statutes. I further certify that the information same legal effect as if made under oath, that I am an officer or director or, Florida Statutes; and that my name appears in Block 10 or Block 11 if