2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006 08:00 AM
Secretary of State

1. Erdity Nerr CAR WO Principal Plac 1668 N. MIL	RLD 111, INC. e of Business M ITARY TRAIL	5 ailing Address 1668 N. MILITARY TRAIL YEST PALM BEACH, FL 33409		Secretary of	i State	
DO NOT WRITE IN THIS SPACE. 8. Name and Address of Current Registered Agent			CE	01062006 No Chg-P CR2E034 (11/05) 4. FEI Number		
SWAN, JAMES F 1668 N. MILITARY TRAIL WEST PALM BEACH, FL 33409			DO NOT WRITE IN THIS SPACE			
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 that if applicable (NOTE: Registered Agent signature required when relinability) DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution.				5.00 May Be utded to Fees		
10. IITLE NAME STREET ADDRESS CHY-SI-ZIP BILE NAME STREET ADDRESS CHY-SI-ZIP	OFFICERS AND DIRECT PTD SWAN, JAMES F 1668 N. MILITARY TRAIL WEST PALM BEACH, FL 33409	CTORS		UDDD00411271 02/09/06-80068-01	7 150.80	
TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP				DO NOT WRITE IN THIS SPACE		
NAME STREET ADDRESS CHY-ST-ZP TITLE HAME STRIET ADDRESS CITY-ST-ZIP						
12. Thereby certify that the information supplied with this filing 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 if made under cath; 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.						

SIGNATURE AND TYPEU OR PRINTED NAME OF SIGNING AFFICER OR DIRECTOR

SIGNATURE: