


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2004 8:00 am
Secretary of State

08-23-2004 90018 033 ***150.00

DOCUMENT # P96000008784		
1. Entity Name 3406 CORPORATION		

Principal Place of Business 115 S PALMETTO AVENUE DAYTONA BEACH, FL 32114	Mailing Address 115 S PALMETTO AVENUE DAYTONA BEACH, FL 32114
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54069568

2. Principal Place of Business <i>564 South Yonge St.</i>	3. Mailing Address <i>564 South Yonge St.</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.



City & State <i>Ormond Beach, FL</i>	City & State <i>Ormond Beach, FL</i>
Zip <i>32174</i>	Zip <i>32174</i>
Country	Country

08092004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3389600		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent MYERS, JOHN L 115 S PALMETTO AVENUE DAYTONA BEACH, FL 32114		7. Name and Address of New Registered Agent Name <i>Myers, John L.</i> Street Address (P.O. Box Number is Not Acceptable) <i>564 South Yonge St.</i> City <i>Ormond Beach</i> FL Zip Code <i>32174</i>

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 <i>[Signature]</i>	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENRICH, HORST 115 S PALMETTO AVENUE DAYTONA BEACH, FL 32114 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Henrich, Horst</i> <i>564 South Yonge St.</i> <i>Ormond Beach, FL 32174</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MYERS, JOHN L 115 S PALMETTO AVENUE DAYTONA BEACH, FL 32114 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: <i>[Signature]</i>	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date <i>8/18/04</i>	Daytime Phone # <i>386. 428. 6133</i>
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