2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 08, 2006 8:00 am Secretary of State

				DCCI Ctai	y or State
1. Entity Nam	MENT # P96000018	752		02-08-2006 90	007 012 ***150.00
Principal Plac	e of Business	Mailing Address		Jonne.	
3324 S MAC		3324 S MACDILL AVE TAMPA, FL 33629 US	5	40	
2. Principal Place of Business		3. Mailing Address	ve S.		
Suite, Apt. #, etc.		Suite, Apt. #, etc. # 904		02012006 Chg-P	CR2E034 (11/05)
City & Stat	е	st. Peters bu	urg, FL	4. FEI Number 59-3365656	Applied Fo
Zip	Country	33701 - 4337	Country USA.	5. Certificate of Status Desir	ed Sa.75 Additional Fee Required
	6. Name and Address of Current R	legistered Agent	, ,	7. Name and Address of N	ew Registered Agent
INTRASTATE REGISTERED AGENT CORPORATION			Name		
	KELL AVENUE	A OTOTION	Street Address	(P.O. Box Number is Not Accep	table)
			City		FL Zip Code
	named entity submits this statement for tions of registered agent.	the purpose of changing its re	gistered office or registe	ered agent, or both, in the State	of Florida. I am familiar with, and ac
1	none of regionard aggin.				
SIGNATURE.	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE: F	Registered Agent signature require	ed when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0	9. Election Campaigr Trust Fund Contrib		5.00 May Be ded to Fees	
10.	OFFICERS AND E		11.	ADDITIONS/CHANGES TO	OFFICERS AND DIRECTORS IN 11
TITLE NAME	P CHRISTOPHER, BRIAN	☐ Delete	TITLE NAME		☐ Change ☐ Ad
STREET ADDRESS	.		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33629		CITY-ST-ZIP		
TITLE	VP	☐ Delete	TITLE		☐ Change ☐ Ad
NAME STREET ADDRESS	CHRISTOPHER, PAULINE Y 3324 S. MACDILL AVE		NAME STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33629		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Ad
NAME STREET ADDRESS			NAME STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Ad
NAME STREET ADDRESS			NAME STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Ad
NAME CTREET ADDRESS			NAME STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY+ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Ad
NAME			NAME OTREET ARSPESS		
STREET ADDRESS			STREET ADDRESS		

12. I hereby 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 informati inclicated 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 direct 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 changed, or on an attachment with an address, with attother like empowered.

Feb blob