2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2006 8:00 am Secretary of State

DOCUMENT # P96000029396 1. Entry shares Mailing Address Mailing Maili
MAINT PRINCIPAL Place of Business A331 TRUNCH Principal Place of Business A431 TRUNCH Principal Place of Business A445 Trunch Principal Place of Business A451 TRUNCH Principal Place of Business A4
4.231 FIREWOOD PRICE OF BUSINESS US 5. Melling Address State For County 5. Suite App. F. S. 5. Suite App. F. S. 5. County 5. County 5. County 5. County 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. Name and Address of New Registered Agent 8. The above named entry submits this statement for the purpose of changing its registered office or registered diffice or registered diffic
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STOYANOV, STOYAN 4391-TIBURON DRIVE NEW PT. RICHEY, EL 34655 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 entitled name of registerid agent. FL 25C91-53 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 entitled name of registerid agent. FL NOWILL FEEL'S \$1:50.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. TITLE D STOYANOV, STOYAN STOYANOV, STOYAN SIRET ADDRESS CITY-S1-2P TITLE Detele TITLE Detele TITLE NAME SIRET ADDRESS CITY-S1-2P TITLE NAME SIRET ADDRESS CITY-S1-2P TITLE NAME SIRET ADDRESS CITY-S1-2P TITLE Detele TITLE NAME SIRET ADDRESS CITY-S1-2P TITLE SIRET ADDRESS CITY-S1-2P
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12. Thereby certify that the information supplied with this fining does not quality for the exemptions contained in Chapter 119, Florida Statutes. Flurther 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 his 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:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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04-22-65

Daylime Phone