
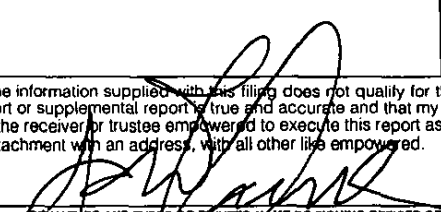


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90001 036 ***150.00

| | | | | | |
|--|--|---|--|--|--|
| DOCUMENT # P96000046584 1. Entity Name PARTNER GENERAL, INC. | | | |  | |
| Principal Place of Business 215 NORTH EOLA DRIVE ORLANDO, FL 32801 | | | Mailing Address 215 NORTH EOLA DRIVE ORLANDO, FL 32801 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 59-3381508 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent LOWNDES, JOHN F 215 NORTH EOLA DRIVE ORLANDO, FL 32801 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPST LOWNDES, JOHN F 215 NORTH EOLA DRIVE ORLANDO, FL <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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| 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 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:  | | | 1/26/05 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JOHN F. LOWNDES, PRESIDENT | | | Date Daytime Phone # | | |

**LOWNDES
DROSDICK
DOSTER
KANTOR &
REED, P.A.**

Attorneys at Law

ATTACHMENT

P96000046584
215 NORTH EOLA DRIVE
ORLANDO, FLORIDA 32801

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GAIL S. ANDRÉ
PARALEGAL, CORPORATE DEPARTMENT
North Eola Drive Office
Direct Dial: (407) 418-6203
E-mail: gail.andre@lowndes-law.com

February 8, 2006

CERTIFIED MAIL
RETURN RECEIPT REQUESTED
7005 1820 0003 0102 1244

Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

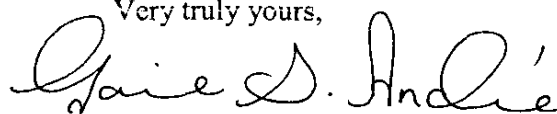
**Re: 2006 For Profit Corporation Annual Report
Partner General, Inc.**

Dear Sir/Madam:

Enclosed herewith for filing please find an executed 2006 For Profit Corporation Annual Report for Partner General, Inc., together with our firm's check number 180624 payable to the Florida Department of State in the amount of \$150.00 representing the filing fee.

Thank you for your assistance in this matter.

Very truly yours,



Gail S. André
Corporate Paralegal to
John F. Lowndes

GSA/cj
Enclosures
0099998/056870/722603/10