## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

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25 SOUTH MACROLIA AVE. ORLANDO, FL 32801 US  3. Mailing Address Suite, Apt. 4, etc.  Soite, A	1. Entity Name						02-10-2006	90017 04	2 ***150.	00
25 SOUTH MARNOULA AVE. ORLANDO, FL 32801 US  Suite, Apt. 4, etc. S	Principal Plac	e of Business	Mailing Address			┦ .	600	13/03		
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Oly & State   Oly & O	25 SOUTH MAGNOLIA AVE.		P.O. BOX 1666	US		 	. 1 <b>6</b> 112 21111 22111 22111	<b> </b>	M 48181 1/181 III	<b>198</b> 1 W 1 <b>89</b> 1
City & State  Ci	2. Principal Place of Business		3. Mailing Address							
Special Address of Current Registered Agent   Special Country								CR2E0		
S. Gerificate of Status Desired   Fee Required   Fe	City & State					<b>I</b>				·
DIETZ, WILLIAM J 25 SOUTH MAGNOLIA AVE. ORLANDO, FL 32801  Street, Address (P.O. By Number is Not Acceptable) Street, Address (P.O. By Number is Numbe	Zip	Country	Zip	Country		5. Certificate	of Status Desired			
DIETZ, WILLIAM J Street, Numbers (P.) Box Numbers in Nu Acceptable)  Street, Numbers (P.) Box Numbers in Numbers in Numbers (P.) Box Numbers (P.) Box Numbers in Numbers (P.) Box		6. Name and Address of Current	Registered Agent			7. Name and	Address of Nev	Registered /	Agent	
Eity ORLANDO FL ZIDCOS SCONTINE The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida, I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida, I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida, I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida, I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida, I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida, I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida, I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida, I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida, I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida, I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida, I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida, I am familiar with, and accept the obligations of registered editions of registered agent, or both, in the State of Florida, I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida, I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida, I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida, I am familiar with, and accept the state of Florida agent and accept the state of Florida agent accept the state of Florida age	25 SOUTH MAGNOLIA AVE.				Street Address (P.O. Box Number is Not Acceptable)					
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. The obligations of registered agent of the obligations of registered agent. The obligations of registered agent of registered agent of the obligations of registered agent. The obligations of registered agent of the obligations of registered agent of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the state of Floridas. I am familiar with, and accept the state of Floridas of Floridas. I am familiar with, and accept the state of Floridas of					City Code Zip Code					
After May 1, 2006 Fee will be \$550.00  Trust Fund Contribution.   Added to Fees    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITILE DPST DIETZ, WILLIAM J SIRECT ADDRESS CITY-ST-2IP  CIT	the obligat	ions of registered agent	July				th, in the State of		lamiliar with,	and accept
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	NAME Street address City-St-Zip	pertify that the information supplied with		NAME STREET A CITY-ST	r-ZIP	ed in Chanter 115	Elorida Statuto	s I further cert		

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 of truesee 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: \_

SIGNATURE AND TYPED OF PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

1 /28 / 05 Date

407-422-2555 Daysme Phone #