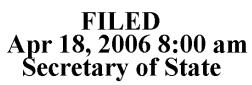
2006 FOR PROFIT CORPORATION



ANNUAL REPURI							Secretary of State				
DOCUMENT # P96000056163 1. Entity Name SNYDER INVESTMENTS & FINANCIAL SERVICES, INC.								04-18-2006	•		
Principal Plac 1703-8 THO PLANT CITY,	NOTOSASSA		Mailing Address 1703-B THONOTOSASSA ROAD PLANT CITY, FL 33563 US				4005	2771			
									ANI ARIAI 960 A	KIET MEIE ETITE IK	1961 N 1991
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01052006	Chg-P	CR2E0	34 (11/05)	
City & State			City & State				4. FEI Number 59-339			_ 	plied For at Applicable
Zip		Country	Zip					of Status Desired		\$8.75 Add Fee Required	
	6. Name	and Address of Curren	t Registered Agent	Name		7. Name and	Address of New	Registered /	Agent		
SNYDER, 1703 B TH PLANT CIT	ONOTOS	ASSA RD			ddress (ss (P.O. Box Number is Not Acceptable)					
		* 15°									=
		3.		City				FL	Zip Code	Ð	
8. The above the obligat	named entiti ions of regis	y submits this statement f tered agent.	or the purpose of changing its	register	ed office or	register	ed agent, or bo	th, in the State of F	Florida. Iam	familiar with,	and accept
SIGNATURE.	Signature typed	or printed name of registered agen	and title (Lapplicable (NOT	E Bacustara	d Agent signetu	на гасишасі	l when reinstalting)		DATE		
		FEE IS \$150.00 6 Fee will be \$550	9. Election Campa Trust Fund Con		ncing	\$5. Add	.00 May Be ed to Fees		, .		,, ,
10.	Р	OFFICERS AND		11.			ADDITIONS/	CHANGES TO OF	FICERS AND		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SNYDER 1703 B T	G. DEAN HONATOSASSA RD ITY, FL 33563	☐ Delete	1 -	E	- spe	elling - Th	on g tosas:	sa Rel.	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		1					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete							☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							☐ Change	☐ Addition
12. I hereby of indicated of the cor	ertify that the on this repo poration or t	e information supplied wit rt or supplemental report he receiver or trustee emp	h this filing does not qualify for is true and accurate and that is sowered to execute this report	or the exempt signal as require	emptions co ture shall ha red by Cha	ontained ave the s pter 607	l in Chapter 119 same legal effec , Florida Statute	, Florida Statutes. It as if made under s; and that my nar	I further cert r oath; that I a me appears in	ify that the ir am an officer n Block 10 or	nformation or director Block 11 if

changed, or on an attachment

SIGNATURE:

Gerald 12. Shyder

3-30-06 Date

813-752-2505

Daytime Phone #