

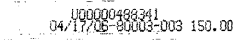
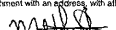


**'2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P96000069636</b>			
1. Entity Name <b>SIMON BONISKE &amp; FENAUGHTY, CPAs, P.A.</b>			
Principal Place of Business <b>20191 NE 16TH PLACE MIAMI, FL 33179 US</b>	Mailing Address <b>20191 NE 16TH PLACE MIAMI, FL 33179 US</b>		
<b>DO NOT WRITE IN THIS SPACE</b>			
		03302006 No Chg-P CR2E034 (11/05)	
		4. FEI Number <b>65-0890900</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>SILVERMAN, CHERYL ESQ. 1533 SUNSET DRIVE STE 120 CORAL GABLES, FL 33143</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ DATE _____ <small>(NOTE: Registered Agent signature required when replacing)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees.	
<b>OFFICERS AND DIRECTORS</b>		 <b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D FENAUGHTY, MARK CPA 10242 SW 126TH PLACE MIAMI, FL 33189</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BONISKE, JOEL CPA 13451 SW 41ST ST DAVIE, FL 33330</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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:  <b>MARK FENAUGHTY</b>		<b>3/3/06 305 493 3303</b>	