2006 FOR PROFIT CORPORATION

FILED Mar 08, 2006 08:00 AM Secretary of State

	ANNUAL I	Secretary of State					
1. Entity Nam	MENT # P960000784 RENDS INC.	23					
1757 NOVA I SUITE 103	Principal Place of Business Mailing Address 1757 NOVA RD 1757 NOVA RD SUITE 103 SUITE 103 HOLLY HILL, FL 32117 HOLLY HILL, FL 32117					·	
DO NOT WRITE IN THIS SPA			CE	D2272D08 No Chq-P CR2E034 (11/05) 4. FEI Number Applied For 59-3401008 Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required			
d. Name and Address of Current Registered Agent							
MORIARTY, LORIE 1757 NOVA RD SUITE 103 HOLLY HILL, FL 32117			DO NOT WRITE IN THIS SPACE				
	named entity submits this statement for the tons of registered egent. Signature, typed or printed name of registered agent and		ed office or register			ida. I am familiar with, and acc	ept
<u></u>	Signal of the state of the stat	(107270000	CONTRACTOR STATE OF THE STATE O			8 30019-013 15 0.	100
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		 Election Campaign Final Trust Fund Contribution. 		.00 May Be led to Fees			
10. OFFICERS AND DIRECTORS							
TITLE MAME STREET ADDRESS CITY-ST-ZIP	PS USINA, VERNON 1757 NOVA RD., SUITE 103 HOLLY HILL, FL 32117						
TITLE HAME STREET ADDRESS CITY-ST-ZIP	VPT MORIARITY, ANDREW 1217 PARKSIDE AVE ORMOND BEACH, FL	_					
TITLE NAME STPEET ADDRESS CUTY-ST-TP				DO	м тои	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	YAMIC STREET ADDRESS			IN THIS SPACE			
TITLE NAME STREET ADDRESS							

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 path, 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:

TITLE

STHELT ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED HANG OF STORING OFFICER OR DIRECTOR

Fefrer 27, 2006 586, 238-1750