2006 FOR PROFIT CORPORATION ANNUAL REPORT

Secondary Seco		AMIOA	LILLOIL			_,		- 11 £ 1.		
333 FORSYTHE WAY TALLAHASSEE, FL 32309 2. Principal Placo of Business Suite, Apt. #, otic. S	1. Entity Name							ARY OF OF CORPO		ło
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City & State Ci	2. Principal P	lace of Business	3. Mailing Address	3. Mailing Address						
Secretary Secr	Suite, Apt. #, etc.		Suite, Apt. #, etc.			08312006	Chg-P	CR2E0	34 (11/05)	
Second Country Seco	City & State		City & State	City & State		l		<u> </u>		oplied For ot Applicable
NormAn, JAMES E PH.D 3931 FORSYTHE WAY TALLAHASSEE, FL 32309 City FL Zip Code	Zip	Country	y Zip Cou		try				\$8.75 Add	ditional
Street Address (P.O. Box Number is Not Acceptable)	6. Name and Address of Current Registered Agent				Name	7. Name and	Address of New	Registered /	Agent	
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 act the obligations of registered agent. SIGNATURE Signature house or private requirement of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent and the investment of registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00	3931 FORSYTHE WAY									
B. 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 act the obligations of registered agent. SIGNATURE SIGNATURE		3011, 12 01000							7:- 0-4	
TILE NORMAN, JAMES EPHLY TALLAHASSEE, FL 32309 TILE NAME STREET ADDRESS CITY-ST-2P			 						·	
FILE NOW!! FEE IS \$150.00 Due by September 6, 2006 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE P NORMAN, JAMES E PH.D SIREET ADDRESS GITY-ST-ZIP TITLE INAME SIREET ADDRE	the obligati		for the purpose of changing its	s registere	ed office or regist	ered agent, or bo	th, in the State of I	Florida. I am i	familiar with,	and accept
Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS	SIGNATORIE	Signature, typed or printed name of registered age	nt and title il applicable (NO	TE: Registered	d Agent signature requir	red when reinstating)		DATE		
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The state of the s	NAME STREET ADDRESS CITY-ST-ZIP			NAME STRE	E ET ADDRESS -ST-ZIP					☐ Addition
12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information dicated on this report of supplemental point 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 dire of the corporation or the riceiver or fuster empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block changed, or on an attach remark that address, with altitude I ke empowered.	12. I heroby of indicated of the corthanged,	certify that the Wormation supplied we on this report of supplemental port of trusted em or on an attachment with an address	th this filling door not qualify f is true and accurate and that powered to execute this repor s, with altother like empowered	or the exemple as required.	emptions containe lure shall have the red by Chapter 6	ed in Chapter 11: e same legal effe 07, Florida Statut	9, Florida Statutes ct as if made unde es; and that my na	. I further cert ir oath; that I a me appears in	tify that the it am an officer n Block 10 o	nformation or director r Block 11 if
SIGNATURE: NO SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Displace Displ	SIGNAT	URE: SCHATURE AND TYPED OF	R PRINTED NAME OF SIGNING OFFICE	R OR DIRECT	OR	19L	Date) 6	Paytime Phone #	