## 2006 FOR PROFIT CORPORATION

SIGNATURE?

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ORDIRECTOR

## **FILED**

Daytone Phone #

	ANNOAL	REFUN!	<u> </u>	<b>Apr 26, 2006 08:00</b> A
DOCUMENT # P96000095930				
1. Entity Name				Secretary of State
CUSCADEN PARK INVESTMENTS, INC.				
Principal Plac	ce of Business	Mailing Address		
1 '	T I WATKINS, CPA	C/O ROBERT I WATKINS, CPA		
	BLVD, #100	610 SOUTH BLVD, #100		
TAMPA, FL		TAMPA, FL 33606 US		A IMPROPAGATION TO THE PROPERTY OF THE PROPERT
			F / 3	
	,		,	02272006 No Chg-P CR2E034 (11/05)
ב	OO NOT WRITE	IN THIS SPA	CE	4. FEI Number Applied For
				59-3414168   Not Applicable  5. Certificate of Status Desired   \$8.75 Additional
<del> </del>		<u> </u>	<del>garana wata sika</del>	Fee Required
<del></del>	6. Name and Address of Current I	Registered Agent		er frank frank English frank
LOPEZ, A	L R JR, ESQ			DO NOT WRITE
4600 W. CYPRESS STREET			1	DO NOT WRITE
SUITE 500 TAMPA, FL 33607				IN THIS SPACE
TAMPA, FE 33007				
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				
	tions of registered agent.	the purpose of changing its register	ied dince di Tegisici	nod agent, or both, it the black of thorone. I am lamitate with, and accept
SIGNATURE  Signature, typed or printed name of registered againt and title if applicable, (NOTE, Registered Agent signature required when revisiting)  DATE				
FILE NOW!!! FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees				
10,	OFFICERS AND I	DIRECTORS	<b>4</b>	and the control of the second of the control of the
TATLE	DPTS			••
NAME STREET ADDRESS	HICKS, L.C. J 610 SOUTH BOULEVARD, #100	<del>-</del> .	Ī	
CITY-ST-ZIP	TAMPA, FL 33606			
7171.5			1 ' '	U00000536084
NAME	1		,	05/08/06-80081-003 150.00
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CITY-ST-ZIP			<u>.</u>	
TITLE				
NAME CONFET ADDRESS				
STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE
	<del></del>	<u> </u>	4	
TITLE NAME			1	IN THIS SPACE
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CITY-ST-ZIP			<u> </u>	<u> </u>
12. I hereby certify that the information supplies with this ting does not qualify of the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental poor, it that i am an officer or director of the corporation or the receiver or to suce explainment to execute this teport 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 explowered.				
of the co- changed	rporation or the receiver or trasice empla , or on an altachment with an acticss	wered to execute this report as required all other like empowered.	ired by Chapter 60.	7. Florida Statutes; and that my name appears in Block 10 or Block 11 if