## **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

## **FILED** Jan 12, 2006 8:00 am Secretary of State

1. Entity Nan		P970000097 ON INC.	12				•	01-12-2	:006 901	168 038 ***	*150.00
Principal Place of Business 10375 NW 2 STREET CORAL SPRINGS, FL 33071			Mailing Address 10375 NW 2 STREET CORAL SPRINGS, FL 33071				40000963				
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01092006	Chg-P	CR2	E034 (11/05)	
City & State			City & State				4. FEI Number 65-0730049			Applied For Not Applicable	
Zip	Country		Zip Coun		try		5. Certificate o	f Status Desired		\$8.75 Add Fee Require	
6- Name and Address of Current Registered Agent					.7. Name and Address of New Registered Agent Name						
SIMPSON, HANK											
10375 NW 2 STREET CORAL SPRINGS, FL 33071				Street Add	et Address (P.O. Box Number is Not Acceptable)						
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					City				F	Zip Cod	е
	e named entity su		e purpose of changing its	egistere	ed office or r	registere	ed agent, or both	i, in the State of F	Florida. I a	m familiar with.	and accept
		3									
SIGNATURE.		inted name of registered agent and s	ite if app€cable. (NÚTE	Registered	d Agent signature	e required v	vhon reinslating)		DATE	<u> </u>	
FIL	Signature, typed or pri	intod name of registered agont and the IS \$150.00 ee will be \$550.00	9. Election Campaig Trust Fund Contri	gn Finan		\$5.0	00 May Be		DATE	E	
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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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Honk Sumpson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-06

954-255-8870

Date

Daytime Phone #