


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000013236 1. Entity Name 4SIBS, INC.																					
Principal Place of Business 1616 ATLANTIC BLVD #2 KEY WEST FL 33040			Mailing Address 1616 ATLANTIC BLVD #2 KEY WEST FL 33040																		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																		
4. FEI Number 65-0758328				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applied																	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				1st MOORE CR2E034 (10/05)																	
6. Name and Address of Current Registered Agent HINDEN, IRENE 1616 ATLANTIC BLVD #2 KEY WEST FL 33040			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution <input type="checkbox"/>																	
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">D HINDEN, IRENE <input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>1616 ATLANTIC BLVD #2</td> </tr> <tr> <td>STREET ADDRESS</td> <td>KEY WEST FL 33040</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>			TITLE	D HINDEN, IRENE <input type="checkbox"/> Delete	NAME	1616 ATLANTIC BLVD #2	STREET ADDRESS	KEY WEST FL 33040	CITY-ST-ZIP		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">U000000413718 <input type="checkbox"/> Change <input type="checkbox"/> Add</td> </tr> <tr> <td>NAME</td> <td>02/11/06-80006-020 150.00</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>			TITLE	U000000413718 <input type="checkbox"/> Change <input type="checkbox"/> Add	NAME	02/11/06-80006-020 150.00	STREET ADDRESS		CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *[Signature]* **president Irene Hinden** **1/28/06** **305-293-841**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #