

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 17, 2006 8:00 am**  
**Secretary of State**

02-17-2006 90061 001 \*\*\*150.00

<b>DOCUMENT # P97000039673</b>					
<b>1. Entity Name</b> COLL-SEIN ENTERPRISES, INC.					
<b>Principal Place of Business</b> 2196 MAIN ST SUITE C DUNEDIN, FL 34698 US			<b>Mailing Address</b> P.O. BOX 270 OLDSMAR, FL 34677-0270		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc. <b>P.O. BOX 270</b>		Suite, Apt. #, etc.			
City & State <b>Oldsmar, FL</b>		City & State		<b>4. FEI Number</b> 59-3447473	
Zip <b>34677</b>		Country <b>USA</b>		Zip Country	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
COLL, MARTA SEIN 5042 CROSS POINTE DR. OLDSMAR, FL 34677				Name <b>MARTA S. COLL</b>	
				Street Address (P.O. Box Number is Not Acceptable) <b>10 IVY TERRACE</b>	
				City <b>Oldsmar</b>	
				FL Zip Code <b>34677</b>	
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
Signature, typed or printed name of registered agent and title if applicable. DATE					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COLL, DANIEL JR. 5042 CROSS POINTE DRIVE OLDSMAR, FL 34677		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T 10 Ivy Terrace Oldsmar, FL 34677	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COLL, MARTA S 5042 CROSS POINTE DRIVE OLDSMAR, FL 34677		TITLE NAME STREET ADDRESS CITY-ST-ZIP	10 Ivy Terrace Oldsmar, FL 34677	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COLL, MARTA I 5042 CROSS POINTE DR. OLDSMAR, FL 34677		TITLE NAME STREET ADDRESS CITY-ST-ZIP	10 Ivy Terrace Oldsmar, FL 34677	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
<b>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.</b>					
<b>SIGNATURE:</b> <i>Marta S. Coll, President</i> <b>2/14/06</b> <b>(727) 772-8555</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #					
<b>MARTA S. COLL</b>					