## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 09, 2006 8:00 am Secretary of State

1/4/06

Principal Place of Business  299 W GRANADA BLVD, STE B ORMOND BEACH, FL 32174  2. Principal Place of Business  3. Mailing Address  2. Principal Place of Business  3. Mailing Address  3. Mailing Address  Suite, Apt. #, etc.  5. Suite, Apt. #, etc.  5. Suite, Apt. #, etc.  6. Name and Agdress of Current Registered Agent  6. Name and Agdress of Current Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  8. The above named unity submittyly statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and active beligations of registered agent, probably and the purpose of changing its registered Agent in the obligations of registered agent, or both, in the State of Florida. I am familiar with, and active body of the State of Status Desired agent, or both, in the State of Florida. I am familiar with, and active body of the State of Florida. I am familiar with, and active body of the State of Florida. I am familiar with, and active body of the State of Florida. I am familiar with, and active body of the State of Florida. I am familiar with, and active body of the State of Florida. I am familiar with, and active body of the State of Florida. I am familiar with, and active body of the State of Florida. I am familiar with, and active body of the State of Florida. I am familiar with, and active body of the State of Florida. I am familiar with, and active body of the State of Florida. I am familiar with, and active body of the State of Florida. I am familiar with, and active body of the State of Florida. I am familiar with, and active body of the State of Florida. I am familiar with, and active body of the State of Florida. I am familiar with, and active body of the State of Florida. I am familiar with and active body of the State of Florida. I am familiar with and active body of the State of Florida. I am familiar with and active body of the State of Florida. I am familiar with and active body o	or cable
Suite, Apt. #, etc.  Suite, Apt. #, etc.  O1032006 Chg-P CR2E034 (11/05)  City & State  City & State  City & State  Country  Zip  Country  Zip  Country  S. Certificate of Status Desired  \$8.75 Additional Fee Required  6. Name and Address of Current Registered Agent  Name VISCOMI VINCENT  Street Address (P.O. Box Number is Not Acceptable)  DONALD E HAWKINS PA  501 S RIDGEWOOD AVE DAYTONA BCH, FL 32114  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  STEE  City RMOND BEACH FL Zip Code  3 Z 1 7 4  8. The above named entity submit Applicable. (NOTE: Registered Agent separate required when reinstairs)  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE Signature typeed of major per of dulipstered agent and this if applicable. (NOTE: Registered Agent separaters required when reinstairs)  9. Election Cempaign Financing Trust Fund Contribution. Address Agent separaters required when reinstairs)  PILE NOW!!! FEE IS \$150.00  9. Election Cempaign Financing Trust Fund Contribution. Address Addre	or cable
City & State  Country  Street Address of Status Desired  Sa.75 Additional Fee Required  Fee Required  Street Address of New Registered Agent  Name  VISCOM   VINCENT  Street Address (P.O. Box Number is Not Acceptable)  City	Sable
Signature   Signature   Spood of Figure   Spoo	Sable
5. Certificate of Status Desired   Fee Required   Fee Required    6. Name and Address of Current Registered Agent   7. Name and Address of New Registered Agent    Name VISCOMI VINCENT    Street Address (P.O. Box Number is Not Acceptable)    Street Address (P.O. Bo	3 
DONALD E HAWKINS PA 501 S RIDGEWOOD AVE DAYTONA BCH, FL 32114  299 W. GRANADA BLUD, STE P City ROND BEACH FL 3270 Code 37270  8. The above named entity submitted a strike thent for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acceptable in the obligations of registered agent by INCENT ISCOMI  SIGNATURE Signature byood or fingle place agent and site if applicable. (NOTE: Registered Agent signature required when reinstating)  P. Election Campaign Financing Trust Fund Contribution.  35.00 May Be Added to Fees  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  TITLE  PD Delete  TITLE	Š 
DONALD E HAWKINS PA 501 S RIDGEWOOD AVE DAYTONA BCH, FL 32114  Street Address (P.O. Box Number is Not Acceptable)  299 W. GRANANA BLUD, STEP City RMOND BEACH FL Zip Code 377 City RMOND BEACH FL Zip	<u>}</u>
8. The above named entity submit the 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  Signature Typed or Finite parties agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  PILE NOW!!! FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution. Added to Fees  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  TITLE  PD Delete TITLE	<u>}</u>
8. The above named entity submits the 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 typed or prince game of substered agent and title if applicable.  FILE NOW!!! FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign Financing Added to Fees  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  PD  Delete  TITLE  CRANGE  REACH  3.7.7  3.7.7  3.7.7  3.7.7  3.7.7  3.7.7  3.7.7  3.7.7  4.7  4	<del>(</del> cept
After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITTLE PD Delete ITTLE Change Added to Fees	
TITLE PD Delete TITLE Change Ad	
TITLE PD Delete TITLE Change Ad	
NAME VISCOMI, VINCENT NAME	dition
STREET ADDRESS 299 W GRANADA BLVD, STE B STREET ADDRESS CITY-ST-ZIP ORMOND BCH, FL 32174 CITY-ST-ZIP	
ITTLE   VD   Delete   TITLE   Change   Ad	dition
NAME HANSARD, WILLIAM C	
STREET ADDRESS 31 LAKECLIFF DRIVE STREET ADDRESS CITY-ST-ZIP ORMOND BCH, FL 32174 CITY-ST-ZIP	
TITLE STD Detete TITLE . Change Ad	dition
NAME SALVATO, CHARLES NAME	DILITOR
STREET ADDRESS 2204 N ATLANTIC AVE STREET ADDRESS	
CITY-ST-ZIP DAYTONA BCH, FL 32118 CITY-ST-ZIP	
TITLE         D         Delete         TITLE         Change         Ad	dition
NAME SALVATO, NICHOLAS NAME	
STREET ADDRESS 1420 SOUTH ATLANTIC AVE STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH, FL 32118 CITY-ST-ZIP	
NAME Delete IIITLE Change Ad	JIHON
STREET ADDRESS STREET ADDRESS	
CITY-ST-ZIP CITY-ST-ZIP	
TITLE   Delete TITLE   Change   Ad	
NAME NAME	dilion
STREET ADDRESS STREET ADDRESS	dilion
C(1) - S1 - 71P	dilion
CITY-ST-ZIP  12. I hereby 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 indicated on this report or supplemental report if true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or direct of the corporation or the receiver or trusted employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 10.	