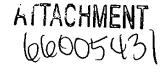
2006 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 16, 2006 8:00 am **Secretary of State DOCUMENT # P97000055729** 02-27-2006 90069 031 ***150.00 1. Entity Name 2 LOOSE ASSOCIATES, INC. Principal Place of Business Mailing Address 66002421 482 JACKSONVILLE DRIVE 482 JACKSONVILLE DRIVE JACKSONVILLE BEACH, FL 32250 JACKSONVILLE BEACH, FL 32250 US 01232006 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3453458 Not Applicable \$8:75 Additional 5. Certificate of Status Desired Fee Required 6.: Name and Address of Current Registered Agent BURAK, RONNIE DO NOT WRITE 482 JACKSONVILLE DRIVE JACKSONVILLE BEACH, FL 32250 IN THIS SPACE 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 Signeture, typict or printed name of registered agent and title E applicable. (NOTE: Registered Agent eigneture required when reinstating) FILE NOW!!! FEE 18 \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS TITLE BURAK, CARL S 482 JACKSONVILLE DRIVE STREET ADDRESS CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250 TITLE BURAK, RONNIE L NUME STREET ADDRESS 482 JACKSONVILLE DRIVE CITY-ST-ZP JACKSONVILLE BEACH, FL 32250 TITLE FLETCHER, JAMES M STREET ADDRESS 482 JACKSONVILLE DRIVE DO NOT WRITE CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250 MLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS COY-ST-7P STREET ADDRESS CITY-ST-ZP 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that it am an officer or director of the corporation or the receiver or trustee empowered to skedule his report as required by Chapter 607, Florida Statutes: and that my name appears in Block 10 or Block 11 if changed, or on an antischment with an address, with allycing like empowered. **SIGNATURE:**

FILED





FLORIDA DEPARTMENT OF STATE Division of Corporations

March 2, 2006

LOOSE ASSOCIATES, INC. 482 JACKSONVILLE DRIVE JACKSONVILLE BEACH, FL 32250 US

Subject: LOOSE ASSOCIATES, INC.

Reference Number:

P97000055729

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/CJ ANNUAL REPORTS SECTION