2006 FOR PROFIT CORPORATION ANNUAL REPORT				FILED Mar 31, 2006 8:00 an Secretary of State
1. Entity Nam	MENT # P97000070	862		03-31-2006 90018 029 ***150.00
Principal Place of Business 4199 NORTH FEDERAL HWY. BOCA RATON, FL 33431		Mailing Address ANNE MESAGNAS 3606 SMOKE TREE LN CRYSTAL LAKE, IL 6001	2	50007672
2. Principal Place of Business		3. Mailing Address ANNE MESAGNA		
Suite, Apt. #, etc.		Suite, Apt. #, etc. 3606 SMOKE TREE W City & State		03252006 Chg-P CR2E034 (11/05)
Zip	Country	CRYSTAL LA	KE, IL Country	65-0774513 Not Applicable
p		60012	USA	Fee Required
2300 GLAI	6. Name and Address of Current I BERT JR DES RD, STE 260W	tegistered Agent	Name Street Ad	7. Name and Address of New Registered Agent Address (P.O. Box Number is Not Acceptable)
BOCA RATON, FL 33431			City	FL Zip Code
	named entity submits this statement for ions of registered agent.	the purpose of changing its re	gistered office or i	or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: F	legistered Agent signatur	ture required when reinstating) DATE
	E NOW!!! FEE 18 \$150.00 ay 1, 2006 Fee wil! be \$550.0	9. Election Campaig Trust Fund Contrib		\$5.00 May Be Added to Fees
<b>10.</b> Тип.е	OFFICERS AND I	DIRECTORS	11. TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME STREET ADDRESS CITY-ST-ZIP	MESAGNA, ANNE 3606 SMOKE TREE LANE CRYSTAL LAKE, IL 60012		NAME STREET ADDRESS CITY - ST- ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SESSIER TERRIER, NICOLETTA B 1175 101ST STREET, TH# 5	Delete	TITLE NAME STREET ADDRESS	S Change Addition TESSLER, NICOLETTA B 1175 IOIST STREET, TH #5
TITLE NAME STREET ADORESS CITY-ST-ZIP	BAY HARBOR, FL 33154	Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	BAY HARBOR, FL 33154 Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADORESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	· • •	🗋 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
indicated of the cor	I on this report or supplemental report is poration or the receiver or trustee empore , or on an attachment with an address, v	true and accurate and that my wered to execute this report a with all other like empowered.	r signature shall ha s required by Char	contained in Chapter 119, Florida Statutes. I further certify that the information have the same legal effect as if made under oath; that I am an officer or director hapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if
SIGNAT	URE: UNI D M	RINTED NAME OF SIGNING OFFICER OF	NNE B. I	MESAGNIA 3/26/06 815-477-8106 Dass Dayline Phone &