2006 FOR PROFIT CORPORATION ANNUAL REPORT

1. Entity Nam	MENT # P9700007516	66 :			Jan 09,		8:00 AN f State
Principal Place of Business P.O. BOX 161697 ALTAMONTE SPRINGS, FL 32716-1697 ALTAMONTE SPRINGS, FL 32716-1697 ALTAMONTE SPRINGS, FL 32716-1							12
DO NOT WRITE IN THIS SPAC			CE	01052006 4. FEI Numb NOT AF	No Chg-P er PPLICABLE of Status Desired	CR2E034 (
ANTHONY, Phi 1 1076 W. STATE ROAD 436 SUITE A ALTAMONTE SPRINGS, FL 32714			DO NOT WRITE IN THIS SPACE				
the obligat	e named entity submits this statement for the tions of registered agent. Signature, typed or printed name of registered agent and title E NOWILL FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00		nd Agent signature required		th, in the State of Flo	rida. I am famil DATE	ar with, and accept
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME	OFFICERS AND DIRE PD ANTHONY, PHIL 1076 W STATE RD 436 STE A ALTAMONTE SPRINGS, FL 32714	CTORS			U000003 01/11/06-8 NOT W	RITE	158.75
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS							

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 changed, or on an attachment with an address, with all ether like empowered.

CECNATION:

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