

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90210 026 ***150.00

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04242006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0777638	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MCILMURRAY, DAVID L PRESIDE
 10891 NW 6TH STREET
 CORAL SPRINGS, FL 33068

DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MCILMURRAY, DAVID L DIRECTO
STREET ADDRESS	10891 NW 6TH STREET
CITY-ST-ZIP	CORAL SPRINGS, FL 33068
TITLE	P
NAME	MCILMURRAY, DAVID L PRESIDE
STREET ADDRESS	10891 NW 6TH STREET
CITY-ST-ZIP	CORAL SPRINGS, FL 33068
TITLE	T
NAME	MCILMURRAY, DAVID L TREASUR
STREET ADDRESS	10891 NW 6TH STREET
CITY-ST-ZIP	CORAL SPRINGS, FL 33068
TITLE	SECR
NAME	MCILMURRAY, DAVID L SECRETA
STREET ADDRESS	10891 NW 6TH STREET
CITY-ST-ZIP	CORAL SPRINGS, FL 33068
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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.

SIGNATURE: [Signature] Date: 4/25/06 Daytime Phone #: 954-968-4007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR