



**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 02, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000076459</b>			
1. Entity Name FIVE SISTERS CORPORATION			
Principal Place of Business 3258 CLEVELAND AVE FORT MYERS, FL 33901		Mailing Address 10281 ST PATRICK LANE BONITA SPRINGS, FL 34135	
<b>DO NOT WRITE IN THIS SPACE</b>			
		01042006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-3466201	
		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  HARDY, JARUWAN 10281 ST PATRICK LANE BONITA SPRINGS, FL 34135		<b>DO NOT WRITE IN THIS SPACE</b>	
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 reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		1000000415691 02/11/06-80030-014 150.00	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPTS HARDY, JARUWAN 10291 ST PATRICK LN BONITA SPRINGS, FL 34135		
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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: <u>Jarwan Hardy</u>		30 MAR 06 239 936-0916	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	