


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 28, 2006 8:00 am**  
**Secretary of State**

06-28-2006 90002 019 \*\*\*150.00

<b>DOCUMENT # P97000087378</b>	
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Principal Place of Business 37331 OAK LANE UMATILLA, FL 32784	Mailing Address 37331 OAK LANE UMATILLA, FL 32784
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2. Principal Place of Business <b>20211 JORDAN RIVER RD</b>	3. Mailing Address <b>P.O. BOX 2330</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.


City & State <b>UMATILLA, FL</b>	City & State <b>UMATILLA, FL</b>
Zip <b>32784</b>	Country <b>U.S.</b>
Zip <b>32784</b>	Country <b>U.S.</b>



06222006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent  BOGAN, HENRY 37331 OAK LANE UMATILLA, FL 32784	
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7. Name and Address of New Registered Agent Name <b>BOGAN, HENRY</b> Street Address (P.O. Box Number is Not Acceptable) <b>20211 JORDAN RIVER RD</b> City <b>UMATILLA</b> FL Zip Code <b>32784</b>	
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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 	DATE <b>6-23-06</b>

<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOGAN, HENRY 37331 OAK LANE UMATILLA, FL 32784 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOGAN, HENRY 20211 JORDAN RIVER RD UMATILLA, FL 32784 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.	
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SIGNATURE: 	DATE <b>6-23-06</b>	DAYTIME PHONE # <b>352-267-2462</b>
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