Mar 21, 2006 8:00 am Secretary of State 03-21-2006 90040 040 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

	ANNOAL	IXEI OIXI			1			
DOCUMENT # P97000093605 1. Entity Name ANTHONY M. KANARIS & ASSOCIATES INC.								
Principal Place	e of Rusiness	Mailing Address					5000	2025
14011 KANE		P.O. BOX 5025					3000	3033
SPRING HILL,		SPRING HILL, FL 34611-5025				-		•
2. Principal Place of Business 1.72.0.3. Sancturate (Carlotte Sancturate)								
13393 Sagewater Court Suite Apt. #, etc. Suite Apt. #, etc.								
Suite, Apt.	#, etc.	Suite, Apt. 4, etc.			03142006	Chg-P	CR2E034 (11/	05)
City & State		City & State	City & State			er		Applied For
Sorin	a Hill, FL	,			59-348	2707		Not Applicable
Zip	Country	Zip Country		ry	5. Certificate	of Status Desired		Additional
3460	- 1 100 10 -				L	······	Fee Required	
	6. Name and Address of Current I		7. Name and Address of New Registered Agent Name					
KANARIS, ANTHONY M								
	SEWATER COURT	•		Street Address (P.O. Box Number is Not Acceptable)				
SPRING H	ILL, FL 34609 : (1)	<u> </u>						
								_
	/ · \ / //	/		City			FL Zip	Code
8. The above	named entity submits this statement	the purpose of changing its	registere	ed office or register	red agent, or bo	th, in the State of Flo	orida. I am familiar i	with, and accept
the obligati	ions of registered agent.	/ ~ 1						
LOIONATURE						3	116/06	
SIGNATURE_	Signature, typed or printed name of rigistered agent a	and title if applicable. (NOT	E; Registered	Agent signature required	d when reinstating)		DATE	
FILI After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0	9. Election Campa Trust Fund Cont	•		.00 May Be led to Fees			
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	/CHANGES TO OFF		
TITLE	DPTS	☐ Delete	TITLE Nami				☐ Cha	nge
NAME				ET ADDRÉSS				
STREET ADDRESS CITY+ST-ZIP	SPRING HILL, FL 34609			-ST-ZIP				
TITLE	0.10	☐ Delete	TITLE				☐ Cha	nge Addition
NAME		_ 0000	NAM	E				
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP			CITY	-ST-ZIP				
TITLE		☐ Delete	TITU				Cha	nge 🔲 Addition
NAME			NAM					
STREET ADDRESS				ET ADDRESS -ST-ZIP				
CITY-ST-ZIP							Cha	inge Addition
TITLE		☐ Delete	TITL NAM					inge
NAME STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP				-ST-ZIP				
TITLE		☐ Delete	TITL	E			☐ Cha	inge 🔲 Addition
NAME			NAM	ie				
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP			CITY	-ST-ZIP				
TITLE		☐ Delete	/ IITL	I			☐ Cha	ange
NAME			NAM STRI	eet adoress				
STREET ADDRESS CITY-ST-ZIP		/		r-ST-ZIP				
	certify that the information supplied with	Wis filing ones not chalify			d in Chapter 1	19, Florida Statutes.	I further certify that	the information
indicated	certify that the information supplied with don this report or supplemental report reportion or the receiver or trustee end	true and accurate and that	my signa	ture shall have the	same legal effe	ect as if made under tes; and that my name	oath; that I am an o ne appears in Block	fficer or director 10 or Block 11 if
of the co	rporation or the receiver or trustee emp i, or on an attachment with an address	with all other life empowered	d.					
	<u> </u>	111>	_	_	بالخ	Daie	352-128	6-7475
SIGNAT	SIGNATURE AND TYPED OR	PRINTED TOME OF SIGNING OFFICE	R OR DIREC	TOR	<u> </u>	Daie	Daytime Pt	one #
İ		<u> </u>						