
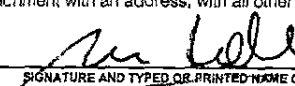


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000017546 1. Entity Name CELLYNNE HOLDINGS, INC.		
Principal Place of Business 1006 MARLEY DR. HAINES CITY, FL 33844	Mailing Address 1006 MARLEY DR. HAINES CITY, FL 33844	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent ALLEGRE, MARC 1006 MARLEY DRIVE HAINES CITY, FL 33844		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE	D	
NAME	MINGUEZ, PATRICE	
STREET ADDRESS	1006 MARLEY DR.	
CITY-ST-ZIP	HAINES CITY, FL 33844	
TITLE	DVP	
NAME	ALLEGRE, MARK	
STREET ADDRESS	1006 MARLEY DR.	
CITY-ST-ZIP	HAINES CITY, FL 33844	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



04132006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3497314	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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05/09/06-80079-006 150.00