2006 FOR PROFIT CORPORATION

FILED

ANNUAL*XEPURI				_ May 02, 2006 08:00
1. Entity Nan	MENT # P980000456 ED. STEVENS, INC.	13		Secretary of State
Principal Place 2678 HONE LAKE PARK,	Y RD.	Malling Address 2678 HONEY RD. LAKE PARK, FL 33403		
E	OO NOT WRITE I		CE	04262006 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For 65-0830530 Not Applicate 5. Certificate of Status Desired \$8.75 Additional Fee Required
2678 HON	6. Name and Address of Current Reg 3, JANETTE D REY RD. RK, FL 33403	istered Agent		DO NOT WRITE IN THIS SPACE
8. The above the obligat SIGNATURE.	e named entity submits this statement for the tions of registered agent. Signature, typed or printed name of registered agent and to		ed office or register	red agent, or both, in the State of Florida. I am familiar with, and acception of the state of Florida. I am familiar with, and acception of the state of Florida. I am familiar with, and acception of the state of Florida. I am familiar with, and acception of the state of Florida. I am familiar with, and acception of the state of Florida. I am familiar with, and acception of the state of Florida. I am familiar with, and acception of the state of Florida. I am familiar with, and acception of the state of Florida. I am familiar with, and acception of the state of Florida. I am familiar with, and acception of the state of Florida. I am familiar with, and acception of the state of Florida. I am familiar with, and acception of the state of Florida. I am familiar with, and acception of the state of Florida. I am familiar with, and acception of the state of Florida. I am familiar with acception of the state of Florida. I am familiar with a state of
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.		5.00 May Be U00000558426 U5/17/06-80092-014 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIR P STEVENS, JANETTE 2678 HONEY ROAD LAKE PARK, FL 33403	ECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME				DO NOT WRITE IN THIS SPACE
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				
NAME STREET ADDRESS CITY-ST-ZIP	And the Information of the U.S.	Silver description of the silver		
	V L	iting does not qualify for the exe end accurate and that my signed ad to execute this report as required an other like empowered	emptions contained fure shall have the s red by Chapter 607	ed in Chapter 119, Fiorida Statutes. I further certify that the information a same legal effect as if made under oath, that I am an officer or director 07, Florida Statutes, and that my name appears in Block 10 or Block 11 i
SIGNAT	URE: SIGNATURE AND TYPES OF PRINT	ED NAME OF SIGNING OFFICER OR DIRECT	FOR	Date Daytime Phone #