2006 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 31, 2006 08:00 AM DOCUMENT # P98000056359 **Secretary of State** DELANEY, GREENLAND AND MYERS, INC. Principal Place of Business Mailing Address 3220 NW 107TH AVE 3220 NW 107TH AVE CORAL SPRINGS, FL 33065 CORAL SPRINGS, FL 33065 CR2E034 (11/05) 01112006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0847337 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GREENLAND, GREGORY L DO NOT WRITE 3220 NW 107TH AVE CORAL SPRINGS, FL 33065 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_ Signature, typed or printed nume of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) CATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Added to Fees Trust Fund Contribution. OFFICERS AND DIRECTORS 10. TITLE GREENLAND, GREGORY NAME STREET ADDRESS 3220 N.W. 107TH AVE. CORAL SPRINGS, FL 33065 CKTY-ST-ZIP U00000486312 04/13/06-80032-007 150.80 TITLE RANKE STREET ADDRESS CITY-ST-ZIP TITLE STREET AUTORESIS DO NOT WRITE CXTY-ST-ZIP IN THIS SPACE BILE NAME STREET ADDRESS CITY-ST-28 TITLE NAME

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 507, Florida Statutes, and that my name appears in Block 10 or Block 11 if charged, or on an attachment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP 3)TLE MAME STREET ADDRESS City-St-7P

SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED