2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 20, 2006 08:00 A Secretary of State

1. Entity Nam	MENT # P980000747	59		**************************************	Secretary of Sta
Principal Plac 1717 WEST TAMPA, FL	CASS STREET	Mailing Address 1717 WEST CASS STREET TAMPA, FL 33606			
D	O NOT WRITE			01262006 4. FEI Numb 59-352 5. Certificate	
BARRY, T 1717 WES TAMPA, F	ST CASS STREET	gistered Agent			NOT WRITE 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 primed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating). DATE					
FIL After M:	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	<u> </u>		.00 May Be led to Fees	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARRY, THOMAS 1717 WEST CASS STREET TAMPA, FL 33606	RECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000520318 05/02/06-80030-013 158.75
NAME STREET ADDRESS CITY-ST-ZIP		· · · · · ·		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-21P		<u>, , , , , , , , , , , , , , , , , , , </u>		IN T	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				and the second seco	
12. I hereby certify that the information supplied with this filling 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 gither like empowered.					