2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2006 08:00 Al Secretary of State

DOCUN	ANNUAL REPORT				wiay 01, 2000 00:00		
1. Entity Name	MENT # P98000074790 DLUTIONS INC.	3			Še	cretary	of State
Principal Place 1516 JACKSON FORT MYERS,	N ST. 1	iling Address 516 JACKSON ST. DRT MYERS, FL 33901					
DO NOT WRITE IN THIS SPACE				04272006 No Chg-P CR2E034 (11/05)			
			CE	4. FEI Numbe 65-086	et	□ \$8.7	Applied For Not Applicable 5 Additional equired
	6. Name and Address of Current Regis	ered Agent	T T	<u> </u>			
967 NOTT F	I, LESLEY L RD. AL, FL 33991				NOT W		
8. The above n	amed entity submits this statement for the p	urpose of changing its register	ed office or register	ed agent, or bo	th, in the State of Flo	orida. I am familia	r with, and accept
SIGNATURE	ins of registered agent	ey L. Peterson applicable (NOTE Registers	Treasu ad Agent signature required	(reinstating)	4-27-	06 DATE	
FILE After Ma	NOW!!! FEE IS \$150.00 y 1, 2006 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution.	ncing \$5.	.00 May Be ed to Fees			
10.	OFFICERS AND DIREC	TORS					
STREET ADDRESS CITY-SI-ZIP HITLE NAME STREET ADDRESS CITY-SI-ZIP	P BRANDON, MARK 967 NOTT RD. CAPE CORAL, FL 33991 T PETERSON, LESLEY L 967 NOTT RD. CAPE CORAL, FL 33991				U000 05/11/0)00544836)6-80051-1	010 150.00
STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS	BRANDON, MARK 967 NOTT RD. CAPE CORAL, FL 33991 T PETERSON, LESLEY L 967 NOTT RD.			,	U0000 05/11/0 NOT W	06-80051-1 'RITE	010 150 .00

12. Thereby certify that the information supplied with this thing does not quality for the exemptions contained in Chapter 119, Horida 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 of 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:

ASTRE LASTRE LASTRE OF SIGNING OFFICER OR DIRECTOR

Treasurer 4-27-06 235-334-448