## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 17, 2006 8:00 am Secretary of State

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1. Entity Nam	ne	#P9800008							04-17-20	06 90404	047 ***150	).00
Principal Plac	e of Business	3	Ma	ailing Address								
1065 CHENEY HWY				1065 CHENEY HWY						Ľ	00124	) Q
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Principal Place of Business			3.	3. Mailing Address								
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Suite, Apt. #, etc.				Suite, Apt. #, etc.				03312006	Chg-P	CR	2E034 (11/05)	
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On, a state			`	City d State					12029		<del></del> -	oplied For ot Applicable
Zip		Country	1 7	Zip		Country					\$8.75 Add	
						•		5. Certificati	of Status Des	ired 🗌	Fee Require	
	6. Name	and Address of Curre	nt Regist	tered Agent	- 4		<i></i>	7. Name an	Address of N	lew Register	ed Agent	····
ACCUDAT	· • • • • • • • • • • • • • • • • • • •	NEW OF THUS	= .		•	Name	DO	110 L	MANDO	<u>. C</u>		
		INTING OF TITUS ON AVE 101N	VILLE I	INC		Street An	ddress (F	O Box Num	er is Not Acce	ntable)		
TITUSVILL							,			practic)		
						1065 CHENEY HWY						
	- 6				• • • •	City -	<u> </u>	- 1	<del>4 10 1</del>		7in <b>72</b> on	7(10)
O The share		- 1 - 5 - 4		<del></del>			140	150111	<u>c</u>		L 25°	2 180
the obligat	ions of regist	y submits this statement ered agent.	for the p	urpose of changing its	registere	ed office or	registere	ed agent, or be	oth, in the State	of Florida. I	am familiar with,	and accept
_	T	· · ///	1.									
SIGNATURE.	Signature broad	or printed name of registered age	ein	m.						9-11	6	٠
	Cognotore, typed	or printed name or registered agr	en and me n	appacable. (NOTE	:: Hegistere	1 Agent signatu	re required	when reinstating)		DA	TE	
Ell	E NOWIII	FEE IS \$150.00		9. Election Campai	on Finan	cina	\$5	00 May Be	)			
		Fee will be \$550	0.00	Trust Fund Conti	ribution.			d to Fees				
10,	- : '	OFFICERS AN	ID DIBEC	TORE					12///			
TITLE	PSD	OT TOLING A	O DINEC	Defete	11.	· 1		ADDITIONS	/CHANGES IC	OFFICERS A	ND DIRECTOR	
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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: _	Paul Hannes	4-11-6	
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Oate	Daytime Phone #