## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## FILED Feb 14, 2006 08:00 AM Secretary of State

1. Entity Name MY PLAN	T VENDING, INC.			Secretary of S	state
5201 19TH S	incipal Place of Business Mailing Address  201 19TH ST. E. 5201 19TH ST. E.  LLENTON, FL 34222 US ELLENTON, FL 34222 US			) (1881) 1883 (1882) (1832) aug) (1834) aug) (1834) übil (1844) aug) (1846) aug) (1846)	e australi di l'est
DO NOT WRITE IN THIS SPACE  6. Name and Address of Current Registered Agent				) " '=":"	Applied For Not Applicable
1605 MAIN	FORD, P.A. I STREET, SUITE 612 A, FL 34236			DO NOT WRITE 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 lamiliar with, and accept the obligations of registered agent.  SIGNATURE  Signature, speed or printed name of registered agent and title if applicable  PROTE: Registered Agent signature required when releasing)  DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.				5.00 May Be dided to Fees U00000433816	
10. TITLE NAME STREET ADDRESS DITY-ST-ZIP TITLE	OFFICERS AND DIRECT PD CRONEN, JOHN M S201 19TH STREET E. ELLENTON, FL 34222	CTORS		<u> </u>	150.00
NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE	-
title Name Sireet address City-St-Zip				IN THIS SPACE	
NAME STREET ADDRESS CHY-ST-ZIP					
NAME STREET ADDRESS CITY-ST-ZIP	orbiff, that the information and the information are in the information and informatio				
<ol> <li>I hereby of indicated</li> </ol>	entity that the information supplied with this li on this report or supplemental report is true :	ling does not qualify for the ex- and accurate and that my signa	emptions contained ture shall have the	ed in Chapter 119, Florida Statutes. I further certify that the e same legal effect as if made under oath; that I am an offic	e intermation