2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: SIGNATURE AND TYPED OR MINTED NAME OF SIGNAM OFFICER OR DIRECTOR

FILED Mar 20, 2006 08:00 AM Secretary of State

DOCUMENT # P98000096934 1. Enbly Name KEN FERGUSON III, P.A.		034	Secretary of		Secretary of State
Principal Place of Business Mailing Address 1804 S.F.L. AVE P.O. BOX 8843					
LAKELAND, FL 33803 LAKELAND, FL 33806				{	
DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent				01052006 4. FEI Numb 59-354	
FERGUSON, KEN III 1804 S FLORIDA AVE LAKELAND, FL 33803			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 familiar with, and accept the obligations of registered agent.					
SIGNATURE Signature, typied or printed name of registered agent and title if applicable DVOTE: Registered Agent argenture required when reinstating) DATE					
Miles may 1, 2000 i ce will be \$330.00				.00 May Be led to Fees	
10.	OFFICERS AND D	RECTORS			
DILE NAME STREET ACOMESS CHY-ST-ZIP	PVTS FERGUSON, KEN 515 HAWTHORNE TRAIL LAKELAND, FL 33803				
title Name Street Audress City-St-Zip					U00000472989 03/30/06-80016-013 150.00
Title Hame Street address City-St-Zip				DO	NOT WRITE
nile Name Sireei address City-St-Zip				IN .	THIS SPACE
TITLE AMME STREET AUBRICSS DITY-ST-ZIP					
title Name		•	1		
STREET ADDRESS CHY-ST-ZIP					
12. Thereby certify that the information supplied with this filling does not quality 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					