
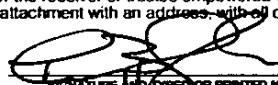


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90303 030 ***150.00

DOCUMENT # P98000099136					
1. Entity Name 2ND SON CORP.					
Principal Place of Business 929 NE 18TH CT STE # 102 FORT LAUDERDALE, FL 33305			Mailing Address P O BOX 23206 FORT LAUDERDALE, FL 33307 US		
2. Principal Place of Business		3. Mailing Address 1224 S. HIWASSEE RD Suite, Apt. #, etc. # 619			
City & State		City & State ORLANDO, FL		4. FEI Number 65-0879720	
Zip		Zip 32835		Country US	
6. Name and Address of Current Registered Agent MILLER& O'NEILL PL 2300 GLADES RD STE 400 EAST BOCA RATON, FL 33431				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SYRCLE, TERRY B 929 NE 18TH CT # 102 FORT LAUDERDALE, FL 33305		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	
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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:  TERRY B. SYRCLE 4/5/06 954-806-9817 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					