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Secretary of State 1. City Name 1. City Nam	ANNUAL REPORT				Jan 12, 2006 08:00 A		
DO NOT WRITE IN THIS SPACE Other Control of the	1. Entity Name	e	12493		Secretary of Stafe		
DO NOT WRITE IN THIS SPACE 10192006 No Chg-P CR2E034 (11/05)	11509 DR. M	I.L. KING IR. BLVD. EAST	PN RNY 1187				
6. Name and Address of Current Registered Agent ELDRIDGE, GEORGE T MANGO, FL 33550~/1/\$1 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 Florids I am familiar with, and accent the obligations of registered agent and the displacable (NOTE Registered Agent Special Aben febridating) FILE NOW!!! FEE IS \$150,00 After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 1101. PDTD INIT. PDTD MANGO, FL 335501187 INIT. MANGO, FL 335501187 INIT. MANGO, FL 335501187 INIT. MANGO, FL 335501187 INIT. INIT. INIT. MANGO, FL 335501187 INIT. INIT.	D	ANNUAL REPORT COLUMENT # P99000012493 ACCOUNTANTS, INC. Mailing Address PD BOX 1187 MANGO, FL 33550 - 14 97 MANGO, FL 33550 - 14 97 DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent ORIDGE, GEORGE T 09 DR. M.L. KING JR. BLVD. EAST P.O GX/IS1 NGO, FL 33550 - 14 97 DO NOT WF IN THIS SPA DO NOT WF IN THIS SPA THE Nowlin FEE Is \$150.00 Fier May 1, 2006 Fee will be \$550.00 FILE NOW!!! FEE Is \$150.00 Fier May 1, 2006 Fee will be \$550.00 OFFICERS AND DIFFECTORS PO BOX 1187 SECURIOR SAND DIFFECTORS DO NOT WINTED TURN FILE NOW!!! FEE IS \$150.00 FILE NOW!! FEE IS \$150.00 FILE NOW			CR2E034 (11/05) Applied Fo Not Applied		
ELDRIDGE, GEORGE T 11509 DR. M.L. KING JR. BLVD. EAST P.O BX/IS1 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 accent the obligations of registered agent. SIGNATURE Substance, harder or registered agent and thin displacable FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS INILI SIRE! AUDRESS PO BOX 1187 MANGO, FL 335501187 INILI SIRE! AUDRESS PO BOX 1187 INILI SIRE! AUDRESS PO BOX 1187 INILI MAKE SIRE! AUDRESS PO BOX 1187 INILI MANGE SIRE! AUDRESS CIT'S 17 P DO NOT WRITE IN THIS SPACE IN THIS SPACE IN THIS SPACE		5 Name and Address of Course	at Paristand Agant		5. Certificate o	Status Desired	
the obligations of registered agent SIGNATURE Signature Sign	11509 DR.	M.L. KING JR. BLVD. EAS	T P.O BX1187		-		
After May 1, 2006 Fee will be \$55.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS INLLE PDTD MAME ELDRIDGE, RALPH PO BOX 1187 MANGO, FL 335501187 INLLE S MAME ELDRIDGE, GEORGE T SIRELI AUDRESS CITY ST 2IP MANGO, FL 335501187 INLL NAME SIRELI AUDRESS CITY ST 2IP MANGO, FL 335501187 INLL NAME SIRELI AUDRESS CITY ST 2IP INLL NAME SIRELI AUDRESS CITY ST 2IP INLL NAME SIRELI AUDRESS CITY ST 2IP INLL IN THIS SPACE IN THIS SPACE	the obligati	ions of registered agent				, in the Stale of Flo	
THE NAME STREET ADDRESS CITY ST ZIP PO BOX 1187 THE STREET ADDRESS CITY ST ZIP PO BOX 1187 THE S U00000383032 U100000383032 U1012/U6-80036-022 150.00 DO NOT WRITE INLE NAME STREET ADDRESS CITY ST-ZIP FILLE HAME STREET ADDRESS CITY ST-ZIP FILLE HAME STREET ADDRESS CITY ST-ZIP FILLE HAME STREET ADDRESS CITY ST-ZIP FILLE FILLE HAME STREET ADDRESS CITY ST-ZIP FILLE FILLE HAME STREET ADDRESS CITY ST-ZIP FILLE FI						-,	
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12. Thereby certify that the information supplied with this filling 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 attactment with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

KOUSE TO ELANGE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR