## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: \_

## **FILED** Apr 14, 2006 08:00 AM Secretary of State DOCUMENT # P99000019735 CORÉ RESIDENCES I, INC. Principal Place of Business Mailing Address 9916 E. HARRY 9916 E. HARRY SUITE 104 SUITE 104 WICHITA, KS 67207 WICHITA, KS 67207 No Chg-P CR2E034 (11/05) 03232006 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 58-2450231 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent SHAW, TIMOTHY S DO NOT WRITE %KIRK PINKERTON 720 SOUTH ORANGE AVE IN THIS SPACE SARASOTA, FL 34236 . 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, typed or printed harne of registered agent and their applicable TROTE: Hegistered Agent signature required when reinstaling) B00000507600 9. Election Campaign Financing \$5.00 May Be FILE NOWII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 04/27/06-80073-005 150.00 10. OFFICERS AND DIRECTORS was and a great of the second of the TITLE NAME DAVES, KEVIN STREET ADDRESS 9916 E. HARRY SUITE 104 CITY-ST-7/P WICHITA, KS- 67207 TITLE NAME STREET AUDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CRY-ST-ZIP MILE NAME 45 mg 34 mg STREET ADURESS gram – vojaja Pogresijska ir vijski ir vijski ir vijski kapanja ir vijoje ir vijski ir izvija ir vijski ir jež CITY-ST-ZIP 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 suppliemental 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 trugtee empowered to execute this report as required by Chapter 507. 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 tike empowered.

GNING OFFICER OR DIRECTOR

4/1/04 686-2290