2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 13, 2006 08:00 AM Secretary of State

ANNUAL REPORT				Secretary of State			
DOCUMENT # P99000031472				{	Secreta	iry or S	iaie
1. Entity Nar							
WIS OF F	LORIOM NO. 12, INC.						
Principal Plac	ce of Business N	failing Address	1				
910 RIDGEE		910 RIDGEBROOK ROAD					
SPARKS GLE		SPARKS GLENCOE, MD 21152	2				
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				52-216		_ \$2	Not Applicab 75 Additional
	1000	The second secon		5. Certificate	e of Status Desired		Required
ļ	6. Name and Address of Current Regi-	stered Agent		-	, , , , , , , , , , , , , , , , , , , ,		
NATIONA	L CORPORATE RESEARCH,LTD.,		DΩ	NOT W	DITE		
515 E. PARK AVE. TALLAHASSEE, FL 32301			100 m	UU	NOT W	Kiic	
IACLAHA	SSEE, FL 32301			IN "	THIS SP	ACE	
8. The above	a named entity submits this statement for the	numose of changing its register	red office or register		oth in the State of Fig.	rida lemiamil	er with and accor
the obliga	lions of registered agent.	parposo of citatigning his regioner	os sines es regioter	ou agont, or be	Sing an and Dicard Or Fre	atoa. Tan iam	and with a decop
SIGNATURE.							
	Signature, typed or printed name of registered agent and title	s if empiricable. (NOTE Registers	ed Agent signature required	when reinstelling)		DATE	
FIL After M	E NOW!!! FEE IS \$150.00 by 1, 2006 Fee will be \$550.00	Election Campaign Final Trust Fund Contribution.		00 May Be ed to Fees			
10.	OFFICERS AND DIRE	CTORS	<u> </u>		ļ		
DILE	PSTD		1			•	•
NAME STREET LIBROR OF	GRUNSTIEN, HARRY		1				•
STREET ADDRESS CITY-ST-21P	920 RIDGEBROOK RD. SPARKS, MD 21152			** -		2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	34
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NAME STREET ADDRESS			į.				
City-St-Zip			1	•	•		
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NAME	f .		D				

12. I nereby certily that the information supplied with this fiting does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information miscated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver or trusted 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 aduless, with all other line empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

INAJURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-06

410-773-204

Daytima Phone #