## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 14, 2006 08:00 AN Secretary of State **DOCUMENT # P99000037345** DILLEY ACCOUNTING & TAX SERVICE, INC. Principal Place of Business Mailing Address 1289 VICTORIA DR. 1289 VICTORIA DR. WEST PALM BEACH, FL 33406 WEST PALM BEACH, FL 33406 No Chg-P 02282006 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0914276 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DILLEY, NELLIE G DO NOT WRITE 1289 VICTORIA DR. WEST PALM BEACH, FL 33406 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, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature regulard when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 100000508436 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees Ų4/28/Q6-800US-008 150.00 10. OFFICERS AND DIRECTORS DILE PTD NAME DILLEY, NELLIE G 1289 VICTORIA DR. STREET ADDRESS WEST PALM BEACH, FL 33406 CITY-ST-ZIP VSD TITLE NAME DILLEY, HAROLD O STREET ADDRESS 1289 VICTORIA DR CITY-ST-ZIP WEST PALM BEACH, FL 33406 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS COY-ST-ZIP TITLE NAME STREET ADDRESS 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 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 attackiment with an address, with all other like empowered.

AME OF SIGNING OFFICER OR DIRECTOR

FILED

Davime Phone #