## **2006 FOR PROFIT CORPORATION**

**FILED** 

ANNUAL REPORT					Jan 23, 2006 08:00 A		
DOCUMENT # P99000041066				Secretary of State			
1. Entity Nan A FIVE S	ne STAR BUSINESS, INC.					·	
Principal Plac	ce of Business	Mailing Address		-			
4727 SANS NORTH POR	Souci ave. It, FL 34287	4727 SANS SOUCI AVE. North Port, FL 34287					
			The second secon				
Γ	O NOT WRITE	IN THIS SPA	CF	01182006	No Chg-P	CR2E034 (11/05)	
-				4. FEI Number 65-0919		Applied For Not Applicab	
			•	5. Certificate o	f Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent		., .,			
	H, P. CHRISTOPHER			ו חם	NOT W	RITE	
2198 MAIN STREET SARASOTA, FL 34237							
				IIV I	HIS SP	ACE	
		·					
8. The above the obliga	a named entity submits this statement for tions of registered agent.	r the purpose of changing its regist	ered office or registe	red agent, or both	, in the State of Flor	rida. I am familiar with, and accep	
SIGNATURE	Signature, typed or printed name of registered agent	and total annium is ANOTE Page	iered Agent signature require	d who reinstation	<del> </del>	DATE	
	Signature, typed or printed rasing or registered agent	and the flaphicable \$19012. Regist	erett Agent signature recture	G with constant (2)	<u> </u>		
FIL After M	LE NOW!!! FEE IS \$150.00 lay 1, 2006 Fee will be \$550.	Selection Campaign Fir Trust Fund Contribution		.00 May Be ded to Fees			
10.	ÖFFICĒRS AND	DIRECTORS	, ,,,,			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
TITLE NAME	FISCHER, KARIN						
STREET ADDRESS CITY-ST-ZIP	4727 SANS SOUCI AVE. NORTH PORT, FL 34287						
TITLE	D D				Hono	100299246	
NAME CORECT ADDRESS	FISCHER, KLAUS				02/01/0	)00399248 J6-80002-008 150.	
STREET ADDRESS CITY-ST-ZIP	4727 SANS SOUCI AVE. NORTH PORT, FL 34287			-			
TITLE				· <del>- 788 ·</del> ,			
NAME STREET ADDRESS				D0	NOT 187	F. F. F. F. F.	
CITY-ST-ZIP			- <b>.</b>	****	NOT W		
TITLE NAME				IN T	'HIS SP	ACE	
STREET ADDRESS							
CITY-ST-ZIP		······		* ***			
NAME			1				
STREET ADDRESS CITY-ST-ZIP							
THLE		<u> </u>	- <b>-</b>				
NAME			1				

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

Kom to satis	KARINFISCHER)	01-20-2006	(941)716-21
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING	OFFICER OR DIRECTOR	Date	Daytims Phone #

<sup>12.</sup> 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.