

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2006 8:00 am**  
**Secretary of State**

04-07-2006 90043 015 \*\*\*150.00

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03222006 Chg-P CR2E034 (11/05)

4. FEI Number **65-0924108** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

## 6. Name and Address of Current Registered Agent

**WOLFE, RANDOLPH J ESQ.**  
**FOLEY & LARDNER**  
**100 N. TAMPA STREET, SUITE 2700**  
**TAMPA, FL 33602**

## 7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
City **FL** Zip Code \_\_\_\_\_

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 required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> Delete
NAME	HARRIS, G. WAYNE	
STREET ADDRESS	1800 2ND ST., STE. 909	
CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	HARKAVY, JONATHAN	
STREET ADDRESS	1501 WILSON BLVD., STE. 1110	
CITY-ST-ZIP	ARLINGTON, VA 22209	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ROGERS, MICHAEL T	
STREET ADDRESS	1800 2ND ST., STE 909	
CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE	CT	<input checked="" type="checkbox"/> Delete
NAME	GEORGE, DANIEL	
STREET ADDRESS	3336 AIRPORT RD., STE 201	
CITY-ST-ZIP	BARRE, VT 05641	
TITLE	VPAS	<input type="checkbox"/> Delete
NAME	ROY, PAMELA	
STREET ADDRESS	3336 AIRPORT RD., STE 201	
CITY-ST-ZIP	BARRE, VT 05641	
TITLE	AS	<input type="checkbox"/> Delete
NAME	ROSS, HEATHER	
STREET ADDRESS	1501 WILSON BLVD., STE 1110	
CITY-ST-ZIP	ARLINGTON, VA 22209	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #