Control of Second	2006 FOR PROFIT CORPORATION ANNUAL REPORT					FILED Apr 26, 2006 8:00 am Secretary of State	
1977 LAKSSHORE CIRCLE LONGWOOD, FL 32750       1847 LAKSSHORE CIRCLE LONGWOOD, FL 32750       CR2E034 (11/05)         OPENDE OF CIRCLE 199-3578177         OPENDE OF CIRCLE 199-3578177         CR2E034 (11/05)         - Readowning 199-3578177         CR2E034 (11/05)         - Readowning 199-3578177         - Readowning 199-378         - Readowning 199-375	1. Entity Name	e	736				
DO NOT WRITE IN THIS SPACE         Delation in the distribution of the problem of Current Registered Agent         HALA, STEPHAN G         BO NOT WRITE         In an eard Address of Current Registered Agent         HALA, STEPHAN G         BO NOT WRITE         IN Address of Current Registered Agent         HALA, STEPHAN G         BO NOT WRITE         IN Address of Current Registered Agent         HALA, STEPHAN G         IN Address of Current Registered Agent         HALA, STEPHAN G         IN Address of Current Registered Agent         HALA, STEPHAN G         IN Address of Current Registered Agent	1847 LAKESHORE CIRCLE 1847 LAKESHORE CIRCLE		· · ·				
HALA, STEPHAN G         HALA, STEPHAN G         HALA, STEPHAN G         HALA, STEPHAN G         LONGWOOD, FL 32750         B. The above named onity submits its statement for the purpose of changing its registered agent. or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent.         SigNATURE         Begauare freed on are of registered agent.         SigNATURE         Begauare freed on are of registered agent.         Inter of the Colligations of ordinal mark of registered agent and the acekake         Inter May 1, 2008 Fee will be 3550.00         10.         OFFICERS AND DIRECTORS         111.         Marker Markers         STEPHAN, GAB         STEPHAN, ALA G         STEPHAN, HALA G	D			CE 04232006 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For 59-3578177 Not Applicable 5. Certificate of Status Desired \$\$8.75 Additional			
Inte obligations of registered agent SIGNATURE Signart used to provid hame of rightmet agent and tile 4 acektable INOTE Registered Agent signature required men remaining After May 1, 2006 Foe will be \$\$50.00 After May 1, 2006 Foe will be \$\$50.00 I Inte PT Added to Fees INTEL INTE INTE INTE INTE INTE INTE INTE INTE	HALA, STEPHAN G 1847 LAKESHORE CIRCLE						
Nich Mag T, 2005 Fee Min De SJS.00       10.     OFFICERS AND DIRECTORS       ITILE     PT       NAME     STEPHAN, GABI       SIRET JORKSS     1847 LAKESHORE CIRCLE       CITV-S1-2P     LONGWOOD, FL 32750       ITILE     V       NAME     STEPHAN, HALA G       SIRET JORKSS     1847 LAKESHORE CIRCLE       CITV-S1-2P     LONGWOOD, FL 32750       ITILE     S       NAME     STEPHAN, HALA G       SIRET JORKSS     1847 LAKESHORE CIRCLE       CITV-S1-2P     LONGWOOD, FL 32750       ITILE     S       NAME     STEPHAN, HALA G       SIRET JORKSS     1847 LAKESHORE CIRCLE       CITV-S1-2P     LONGWOOD, FL 32750       ITILE     NAME       SIRET JORKSS     1847 LAKESHORE CIRCLE       ITILE     NAME       SIRET JORKSS     1847 LAKESHORE CIRCLE       ITILE     NAME       SIRET JORKSS     1101 L       NAME     SIRET JORKSS       CITV-S1-2P     ITILE       NAME     SIRET JORKSS       CITV-S1-2P     ITILE	the obligati SIGNATURE _ FILI	Signature: typed or printed name of registered agent a	Ind title if applicable INOTE Register	ed Agent signature required	d when reinstating)		
<ul> <li>CITY-ST-ZP</li> <li>1 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 on 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 attactment with an address, withful other like empowered</li> </ul>	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND PT STEPHAN, GABI 1847 LAKESHORE CIRCLE LONGWOOD, FL 32750 V HEREICH, SAMI M 1847 LAKESHORE CIRCLE LONGWOOD, FL 32750 S STEPHAN, HALA G 1847 LAKESHORE CIRCLE LONGWOOD, FL 32750	DIRECTORS		DO IN	THIS SPACE	