

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 23, 2006 08:00 AM
Secretary of State



DOCUMENT # P99000053940			
1. Principal Place of Business		Mailing Address	
601 CLEVELAND ST. SUITE 501-6 CLEARWATER FL 33755		601 CLEVELAND ST. SUITE 501-6 CLEARWATER FL 33755	
2. Principal Place of Business		3. Mailing Address	
Apt. #, etc.		Suite, Apt. #, etc.	
State		City & State	
Country	Zip	Country	
4. FEI Number		Applied For	
59-3582096		Not Applicable	
5. Certificate of Status Desired		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BONNER, HEIKO 2140 DREW ST. SUITE Q CLEARWATER FL 33755		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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, obligations of registered agent.			
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 Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PM	ANTJE, VICTORE E		
ADDRESS	601 CLEVELAND ST. STE 501-6	000000396748	
CITY	CLEARWATER FL 33755	01/30/06-80021-018 150.00	
TITLE	NAME	TITLE	NAME
TITLE	NAME	TITLE	NAME
TITLE	NAME	TITLE	NAME
TITLE	NAME	TITLE	NAME
TITLE	NAME	TITLE	NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information stated 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Antje E. Victore* 1-20-06 (727) 443-6464