2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 12, 2006 8:00 am Secretary of State

	ANNUAL REPORT						oan 12, 2000 0:00 am			
1. Entity Nam	CUMENT # P99000061969 by Name (SR), INC.					Secretary of State 01-12-2006 90186 042 ***150.00				
Principal Plac	e of Business	Mailing Address								
	LAND PARK BLVD	2960 COREY ROAD								
SUITE 350 MALABAR, FL 32950 Fort Lauderdale, FL 33306										
FURF ENUISERUNLE, FL 33300						10000141		TI 1178 (111 121 131 171 17	A LAMATAK A MATA	
2. Principal Place of Business 80/ Sorth Faranac Huy 80/ South Faranac Huy Suite, Apt. #, etc. 3. Mailing Address Sol South Faranac Huy Suite, Apt. #, etc.										
Oity & State	<u> </u>	Suite, Apr. #, etc.				01032006 4. FEI Number	Chg-P	CR2E034 (11/0	5) Applied For	
PO41	DAND FL	YOM DANO,	F	-		65-0975		<u> </u>	Not Applicable	
3306	2 Country A	33062	Count	SA	- !		of Status Desired	Fee Requ	Additional sired	
8. Name and Address of Current Registered Agent Name						7. Name and Address of New Registered Agent				
HARRIS, JOHN D 2960 COREY ROAD					Streps Address (P.O. Box Number is Not Acceptable) Streps Address (P.O. Box Number is Not Acceptable) SOI SOUTH FED Chal Huy					
MALABAR, FL 32950) ()	andro . I	EG.	# 1018		
	/ 1	<i>i</i>		City	TD	DA DA	WO	FL Zp	ode 7	
8. The above	named entity submits this statement for	the purpose of changing its re	egistere	d office or re	egister	ed agent, or both	n, in the State of F		ith, and accept	
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 Spediure, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remisisting)										
FILE NOW!!! FEE 18 \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees										
			1		_					
TITLE	OFFICERS AND D	Delete	11. TITLE	·	D	$ \overline{} $	·····	FICERS AND DIRECT	n Addition	
NAME	HARRIS, JOHN D	M perere	NAM	E	LIZ	nnis.	JOHN	D. A Change De Denne H	, , , , , , , , , , , , , , , , , , ,	
STREET ADORESS	2960 COREY ROAD			ET ADDRESS	80	01 50	ITH FO	edenal H	my 10/8	
CITY-ST-ZIP	MALABAR, FL 32950		CITY	-ST-ZP	<u> P</u>	OMPA	WO, FO	-, 3300	52	
TITLE		Delete	TITLE	•		•	,	´ ☐ Chan	ge 🔲 Addition	
NAME Street address			NAM	ET ADDRESS					İ	
CITY-ST-ZIP				-ST-ZIP						
TITLE		☐ Delete	TITLE					☐ Chan	e	
NAME			NAM							
STREET ADDRESS CITY-ST-ZIP	-			ET ADDRESS -ST-ZIP						
TITLE		☐ Delete	TITLE					☐ Chane	ze	
NAME			NAME						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
STREET ADDRESS				ET ADDRESS						
CITY-ST-ZIP		Пол		-ST-ZIP						
NAME		☐ Delete	TITLE					Chan	ge 🗌 Addition	
STREET ADDRESS			STRE	ET ADDRESS					į	
CITY-ST-ZIP			CITY-	-ST-ZIP						
title Name		☐ Delete	TITLE					☐ Charg	ge 🔲 Addition	
STREET ADDRESS				ET ADDRESS						
CITY-ST-ZIP				-ST-ZIP						
12. I hereby certify that the Information supplied with this filling 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 pring like empowered.										
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Line Control Physics Control Ph										
SIGNATURE: SIGNATURE AND TYPED OR PRIVITED NAME OF SKINING OFFICER OR DIRECTOR Cycle Department of Skining Officer or Director										