## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 24, 2006 08:00 AN
Secretary of State

ANNUAL REPORT					Jul 24, 2006 08:0		
1. Entity Nan	MENT # P99000066		Secretary of S				
Principal Place of Business 7045 AUSTRALIAN AVE JACKSONVILLE, FL 32254  Mailing Address 7045 AUSTRALIAN AVE JACKSONVILLE, FL 32254							ŀ
Ē	OO NOT WRITE	CE	07202006 No Chg-P CR2E034 (11/05)  4. FEI Number Applied For S9-3589478 Not Applied be Not Applied For Not Applicable  5. Certificate of Status Desired   \$8.75 Additional Fee Required				
LITTLE, JA 7045 AUS JACKSON	6. Name and Address of Current Ro AMES W TRALIAN AVE IVILLE, FL 32254			NOT W	RITE		
	e named entity submits this statement for titions of registered agent.  Signature, typed or printed name of registered agent and	ed office or registered agent, or both, in the State of Florida. I am familiar with, and accept  ### U00000572053  ### U000000572053  ### U0000000572053  ### U0000000572053  ### U000000000000000000000000000000000					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		Election Campaign Final Trust Fund Contribution.			In accordance w corporation did r	ith s. 607.193(2)(b), F.S., th not receive the prior notice.	Θ
10.  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  TITLE  TITLE  TITLE  TITLE  TITLE	P LITTLE, JAMES 7045 AUSTRINE AVE JACKSONVILLE, FL 32254 VP LITTLE, JUDY 7045 AUSTALIAN AVE JACKSONVILLE, FL 32254	RECTORS			NOT W		
NAME STREET ADDRESS	,				•		,

12. Thereby 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:

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7- '7-

7- 20-06

993-5896