## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: SIGNATURE AND PPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED Apr 26, 2006 8:00 am Secretary of State

| DOCUMENT # P99000068277   | ANNUAL REPURI                               |  |   |                          |  |                   | Secretary of State         |                |   |             |  |
|---|---|--|---|--------------------------|--|-------------------|----------------------------|----------------|---|-------------|--|
| ST. AUGUSTINE, FL. 32086  S. Principal Place of Business  Suite, Apri. 4. etc.  Suite, April 4. etc.  Suite, A    | 1. Entity Name                              |  |   |                          |  | -                 |                            | •              |   |             |  |
| ST. AUGUSTINE, FL. 32086  S. Principal Place of Business  Suite, Apri. 4. etc.  Suite, April 4. etc.  Suite, A    | Principal Place of Business Mailing Address |  |   |                          |  | ]                 | CARCACA                    |                |   |             |  |
| ST. AUGUSTINE, FL. 32086  S. Principal Place of Business  Suite, Apri. 4. etc.  Suite, April 4. etc.  Suite, A    | ·   |  | 4255 US 1 SOUTH   |                          |  | 1 4               | 0002030                    |                |   |             |  |
| 2. Principal Place of Business  Suite, Apt. 4, etc.  Suite, Apt. 4, etc.  Suite, Apt. 4, etc.  Suite, Apt. 4, etc.  City & Suite  City & FL  Zip Code  City     |   |  |   |                          | **   | •                 |                            |                |   |             |  |
| Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite   Chy & State   A FEI Number   Sp-3614723   Applied For   Nat Applied    |   |  | ST. AUGUSTINE, FL 32                                      | 2086                     |  |                   | r jeire ibno obsu obju kos | n Bene enerit  | [ ] ] ] ] ] ] ] ] ] ] ] ] [ ] ] ] ] ] ] |             |  |
| City & State  Country  Country  Country  Country  Country  Country  Country  S. Confidence of Status Desired  S. 75 Addisonal Fire Requisitered Agent  T. Name and Address of Now Registered Agent  Fire Required Fire Registered Agent  T. Name and Address of Now Registered Agent  To Now Registered Agent  The Address (P.O. Box Number in Nor Acceptable)  Street Address (P.O. Box Number in Nor Acceptable)  The Address of Poor Registered Agent  The Address (P.O. Box Number in Nor Acceptable)  The A    | 2. Principal Place of Business              |  | 3. Mailing Address  |                          | <del></del>  |                   |                            |                |   |             |  |
| Sp. 3614723   Nava Applicable   | Suite, Apt. #, etc.                         |  | Suite, Apt. #, etc.                                       |                          | <del></del> -                                      | 02222006          | Chg-P                      | CR2E03         | 34 (11/05)                              |             |  |
| S. Cerrificate of Stitus Desired   Fee Required   F    | City & State                                |  | City & State  |                          |  |                   |                            | -              | <u> </u>                                |             |  |
| BAKER, JASCIN M 3881 LONE WOLE TRAIL ST. AUGUSTINE, FL 32086  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the ortigalization of registered agent.  8. The above named entity submits this statement for the purpose of changing its registered defice or registered agent, or both, in the State of Florida. I am familiar with, and accept the ortigalization of registered agent.  9. Election Campaign Financing TLLE NOW/III FEE IS \$150.00  After May 1, 2006 Fee will be \$\$550.00  10. OFFICERS AND DIRECTORS PRINCE AGENCY ACCEPTABLE  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  10. OFFICERS AND DIRECTORS 12. AUGUSTINE, FL 32086 10. STRET A | Zip   | Country  | Zip   | Zip Count                |  |                   |                            |                |   |             |  |
| BAKER, JASON M 3881 LONE WOLE TRAIL ST. AUGUSTINE, FL 32086    City   FL   Zip Code   |   | 6. Name and Address of Current   | Registered Agent  | ·                        |  | 7. Name and       | Address of New R           |                | <u> </u>                                |             |  |
| ST. AUGUSTINE, FL 32086  St. Augustine, FL 32086  St. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am hamilar with, and accept the obligations of registered agent, or both, in the State of Florida. I am hamilar with, and accept the obligations of registered agent, or both, in the State of Florida. I am hamilar with, and accept the obligations of registered agent, or both, in the State of Florida. I am hamilar with, and accept the obligations of registered agent, or both, in the State of Florida. I am hamilar with, and accept the obligations of registered agent, or both, in the State of Florida. I am hamilar with, and accept the obligations of registered agent, or both, in the State of Florida. I am hamilar with, and accept the obligations of registered agent, or both, in the State of Florida. I am hamilar with, and accept the obligations of registered agent, or both, in the State of Florida. I am hamilar with, and accept the obligations of registered agent, or both, in the State of Florida. I am hamilar with, and accept the obligations of registered agent, or both, in the State of Florida. I am hamilar with, and accept the obligations of registered agent, or both, in the State of Florida. I am hamilar with, and accept the obligations of registered agent, or both, in the State of Florida. I am hamilar with, and accept the obligations of registered agent, or both, in the State of Florida. I am hamilar with, and accept the obligations of registered agent, or both, in the State of Florida. I am hamilar with, and accept the obligations of registered agent, or both, in the State of Florida. I am hamilar with, and accept the obligations of registered agent, or both, in the State of Florida. I am hamilar with, and accept the obligations of registered agent, or both, in the State of Florida. I am hamilar with, and accept the obligations of registered agent, or both, in the State of Florida. I am hamilar with, and accept the state of F    |   | · · · · · · · · · · · · · · · · · · ·  | _ <u>-</u>  |                          | Name   |                   |                            | - <del>-</del> |   |             |  |
| E. The above named analy submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature types of present agent and the application of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Flor    | 3681 LONE WOLF TRAIL                        |  |   | ļ                        | Street Address (P.O. Box Number is Not Acceptable) |                   |                            |                |   |             |  |
| 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 Experience agent is submitted agent and the subscription of the purpose of changing list registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the substance of Florida. I am familiar with, and accept the substance of Florida. I am familiar with, and accept the substance of Florida. I am familiar with, and accept the substance of Florida. I am familiar with, and accept the substance of Florida. I am familiar with, and accept the substance of Florida. I am familiar with, and accept the substance of Florida. I am familiar with, and accept the substance of Florida. In the substance of Flo    |   | ·•   |   | İ                        |  |                   |                            |                |   |             |  |
| SIGNATURE    Signature   Signature   Signature (prison prisoned name of implement agent and late if applicable).   (NOTE: Registere Agent signature (notation))   DATE  |   |  |   | [                        | City   |                   |                            | FL             | Zip Cod                                 | e           |  |
| After May 1, 2006 Fee will be \$550.00  P. Election Campaign Financing Trust Fund Contribution.   \$5.00 May Be Added to Fees   Trust Fund Contribution.   \$5.00 May Be Added to Fees   Trust Fund Contribution.   \$5.00 May Be Added to Fees   Trust Fund Contribution.   \$5.00 May Be Added to Fees   Title DPS  |   |  | r the purpose of changing its                             | registere                | d office or register                               | ed agent, or bo   | th, in the State of Flo    | vida. I am fa  | amiliar with,                           | and accept  |  |
| Atter May 1, 2006 Fee will be \$550.00  Trust Fund Contribution.  | SiGNATURE.                                  | Signature, typed or printed name of registered agent a                                 | and little if applicable. (NOT                            | E: Registered            | Ageni signalure required                           | when reinstating) |                            | DATE           |   |             |  |
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|   | indicated<br>of the cor                     | on this report or supplemental report is<br>poration or the receiver or trustee empore | true and accurate and that rewered to execute this report | my signatu<br>as require | ire shall have the s                               | same legal effec  | it as if made under c      | ath; that I an | n an officer                            | or director |  |