2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000074215



FILED Apr 10, 2006 8:00 am Secretary of State

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP	1. Entity Name CULTURAL SOLUTIONS, INC.							04-10-2006 903	-		
2. Principal Place of Business 3. Mailing Address 3. Mailing Address 4. FEI Number 65-09-45 726 Nate Applied For City & State 65-09-45 726 Nate Applied For Registered Agent 7. Name and Address of Current Registered Agent 7. Name and Address of Now Registered Agent 7. Name and	Principal Place of Business Mailing Address										
Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Street Address of New Registered Agent Indicate of Status Desired Street Address of New Registered Agent City FL Zip Code Excano, George File Rowill FEE Is \$150.00 After May 1, 2006 Fee will be \$550.00 After May 1, 2006 Fee will be \$350.00 Defect Int. MAKE LEZANO, GEORGE LEZANO, GEORG				745 BAYSIDE LANE	745 BAYSIDE LANE						
City & State Country Size Address of Country Experiment of Country Size Address of Country City City City City City FL Zip Code A The above named entity submitts this statement for the purpose of changing its registered digent. or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegation of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegation of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegation of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegation of regi	2. Principal P	lace of Busin	1ess	3. Mailing Address	Mailing Address						
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6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent Name Name Na	City & State			City & State	·						
Name	Zip				Country				F	ee Require	
Street Address (P.O. Box Number is Not Acceptable)		6. Name	and Address of Current	t Registered Agent							
S. 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 obligations of registered agent. SIGNATURE Signature, typed or printed name of registered spent and East 8 apphable. PILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. The Delete Title NAME LEZANO, GEORGE 745 BAYSIDE LANE OITY-ST-2P TITLE NAME LEZANO, MARIA L STREET ADDRESS OITY-ST-2P TITLE NAME STREET ADDRESS OITY-ST-2P STREET AD	LEZCANO 745 BAYS	IDE LANE			<u>-</u>						
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 Signature Typod or printed name of registered agent and till if applicable. (NOTE: Registered Agent signature received when intrasting) The content of the printed name of registered agent. (NOTE: Registered Agent signature received when intrasting) The content of the printed name of registered agent. (NOTE: Registered Agent signature received when intrasting) The content of the printed name of registered agent. (NOTE: Registered Agent signature received when intrasting) The content of the printed name of registered agent. (NOTE: Registered Agent signature received when intrasting) The content of the printed name of registered agent. (NOTE: Registered Agent signature received when intrasting) The content of the printed name of registered agent. (NOTE: Registered Agent signature received when intrasting) The content of the printed name of registered agent. (NOTE: Registered Agent signature received when intrasting) The content of the printed name of registered agent. (NOTE: Registered Agent signature received when intrasting) The content of the printed name of registered agent. (NOTE: Registered Agent signature received when intrasting) The content of the printed name of registered agent. (NOTE: Registered Agent signature received when intrasting) The content of registered agent. (NOTE: Registered Agent signature received when intrasting) The content of registered agent. (NOTE: Registered	,		•	City Zip Code							
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After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution.											
TITLE NAME LEZANO, GEORGE THE NAME											
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12. I 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 supplemental report is true and accurate and that my signature shall have the same lend effect as if made under oath; that I am an officer or director.	NAME STREET ADDRESS CITY-ST-ZIP		1		NAM STRI CITY	EET ADORESS -ST-ZIP		O Florido Como de	fl. z		Addition

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 pusted 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: