
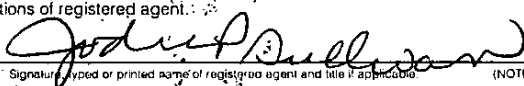
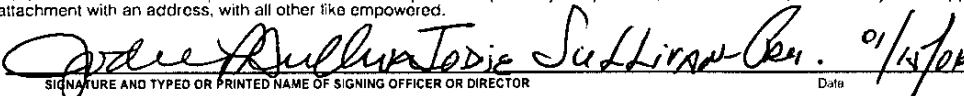


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90066 001 \*\*\*150.00

| <b>DOCUMENT # P99000086139</b><br>1. Entity Name<br><b>FUNTASTIC EVENTS, INC.</b>   |                         |  |   |  |  |                            |  |  |   |  |  |       |     |                                 |       |     |  |      |                 |  |      |                 |  |                |                 |  |                |                |  |             |                         |  |             |                        |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |
|---|-------------------------|--|---|---|--|----------------------------|--|--|---|--|--|-------|-----|---------------------------------|-------|-----|--|------|-----------------|--|------|-----------------|--|----------------|-----------------|--|----------------|----------------|--|-------------|-------------------------|--|-------------|------------------------|--|--|--|--|--|--|--|-------|--|---------------------------------|-------|--|---|--|--|--|--|--|--|-------|--|---------------------------------|-------|--|---|--|--|--|--|--|--|-------|--|---------------------------------|-------|--|---|--|--|--|--|--|--|-------|--|---------------------------------|-------|--|---|--|--|--|--|--|--|-------|--|---------------------------------|-------|--|---|--|--|--|--|--|--|-------|--|---------------------------------|-------|--|---|--|--|--|--|--|--|
| Principal Place of Business<br><b>1635 N. DALE MABRY<br/>SUITE 7<br/>LUTZ, FL 33548</b>   |                         |  | Mailing Address<br><b>1635 N. DALE MABRY<br/>SUITE 7<br/>LUTZ, FL 33548</b>   |   |  |                            |  |  |   |  |  |       |     |                                 |       |     |  |      |                 |  |      |                 |  |                |                 |  |                |                |  |             |                         |  |             |                        |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |
| 2. Principal Place of Business<br><b>2747 WILSKY RD</b>   |                         | 3. Mailing Address<br><b>2747 WILSKY RD</b>            |   |   |  |                            |  |  |   |  |  |       |     |                                 |       |     |  |      |                 |  |      |                 |  |                |                 |  |                |                |  |             |                         |  |             |                        |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |
| Suite, Apt. #, etc.<br><b>Land O Lakes</b>  |                         | Suite, Apt. #, etc.<br><b>Land o Lakes</b>             |   |   |  |                            |  |  |   |  |  |       |     |                                 |       |     |  |      |                 |  |      |                 |  |                |                 |  |                |                |  |             |                         |  |             |                        |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |
| City & State<br><b>FL</b>   |                         | City & State<br><b>Florida</b>                         |   |   |  |                            |  |  |   |  |  |       |     |                                 |       |     |  |      |                 |  |      |                 |  |                |                 |  |                |                |  |             |                         |  |             |                        |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |
| Zip<br><b>34639</b>   |                         | Country<br><b>FL</b>                                   |   | 4. FFI Number<br><b>65-0963200</b>  |  |                            |  |  |   |  |  |       |     |                                 |       |     |  |      |                 |  |      |                 |  |                |                 |  |                |                |  |             |                         |  |             |                        |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |                         | Applied For<br><input type="checkbox"/> Not Applicable |   |   |  |                            |  |  |   |  |  |       |     |                                 |       |     |  |      |                 |  |      |                 |  |                |                 |  |                |                |  |             |                         |  |             |                        |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |
| 6. Name and Address of Current Registered Agent<br><b>SULLIVAN, JODIE<br/>22959 COLLRIDGE<br/>LAND O' LAKES, FL 34639</b>   |                         |  |   |   |  |                            |  |  |   |  |  |       |     |                                 |       |     |  |      |                 |  |      |                 |  |                |                 |  |                |                |  |             |                         |  |             |                        |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |
| 7. Name and Address of New Registered Agent<br>Name: <b>Sullivan, Jodie</b><br>Street Address (P.O. Box Number is Not Acceptable): <b>2747 WILSKY RD</b><br>City: <b>Land O Lakes</b> <b>FL</b> Zip Code: <b>34639</b>  |                         |  |   |   |  |                            |  |  |   |  |  |       |     |                                 |       |     |  |      |                 |  |      |                 |  |                |                 |  |                |                |  |             |                         |  |             |                        |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |
| 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.<br>SIGNATURE:  DATE: <b>1/27/06</b><br><small>(NOTE: Registered Agent signature required when reinstating)</small>   |                         |  |   |   |  |                            |  |  |   |  |  |       |     |                                 |       |     |  |      |                 |  |      |                 |  |                |                 |  |                |                |  |             |                         |  |             |                        |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee will be \$550.00</b>   |                         |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees |   |  |                            |  |  |   |  |  |       |     |                                 |       |     |  |      |                 |  |      |                 |  |                |                 |  |                |                |  |             |                         |  |             |                        |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">STD</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">STD</td> <td style="width: 30%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>SULLIVAN, JODIE</td> <td></td> <td>NAME</td> <td>Sullivan, Jodie</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>22959 COLLRIDGE</td> <td></td> <td>STREET ADDRESS</td> <td>2747 WILSKY RD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LAND O' LAKES, FL 34639</td> <td></td> <td>CITY-ST-ZIP</td> <td>Land O Lakes, FL 34639</td> <td></td> </tr> <tr><td colspan="6"> </td></tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td colspan="6"> </td></tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td colspan="6"> </td></tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td colspan="6"> </td></tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td colspan="6"> </td></tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td colspan="6"> </td></tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td colspan="6"> </td></tr> </table> |                         |  |   |   |  | 10. OFFICERS AND DIRECTORS |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |  | TITLE | STD | <input type="checkbox"/> Delete | TITLE | STD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | SULLIVAN, JODIE |  | NAME | Sullivan, Jodie |  | STREET ADDRESS | 22959 COLLRIDGE |  | STREET ADDRESS | 2747 WILSKY RD |  | CITY-ST-ZIP | LAND O' LAKES, FL 34639 |  | CITY-ST-ZIP | Land O Lakes, FL 34639 |  |  |  |  |  |  |  | TITLE |  | <input type="checkbox"/> Delete | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |  |  |  |  | TITLE |  | <input type="checkbox"/> Delete | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |  |  |  |  | TITLE |  | <input type="checkbox"/> Delete | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |  |  |  |  | TITLE |  | <input type="checkbox"/> Delete | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |  |  |  |  | TITLE |  | <input type="checkbox"/> Delete | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |  |  |  |  | TITLE |  | <input type="checkbox"/> Delete | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |  |  |  |  |
| 10. OFFICERS AND DIRECTORS  |                         |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |  |                            |  |  |   |  |  |       |     |                                 |       |     |  |      |                 |  |      |                 |  |                |                 |  |                |                |  |             |                         |  |             |                        |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |
| TITLE   | STD                     | <input type="checkbox"/> Delete                        | TITLE   | STD   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |                            |  |  |   |  |  |       |     |                                 |       |     |  |      |                 |  |      |                 |  |                |                 |  |                |                |  |             |                         |  |             |                        |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |
| NAME  | SULLIVAN, JODIE         |  | NAME  | Sullivan, Jodie   |  |                            |  |  |   |  |  |       |     |                                 |       |     |  |      |                 |  |      |                 |  |                |                 |  |                |                |  |             |                         |  |             |                        |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |
| STREET ADDRESS  | 22959 COLLRIDGE         |  | STREET ADDRESS  | 2747 WILSKY RD  |  |                            |  |  |   |  |  |       |     |                                 |       |     |  |      |                 |  |      |                 |  |                |                 |  |                |                |  |             |                         |  |             |                        |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |
| CITY-ST-ZIP   | LAND O' LAKES, FL 34639 |  | CITY-ST-ZIP   | Land O Lakes, FL 34639  |  |                            |  |  |   |  |  |       |     |                                 |       |     |  |      |                 |  |      |                 |  |                |                 |  |                |                |  |             |                         |  |             |                        |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |
|   |                         |  |   |   |  |                            |  |  |   |  |  |       |     |                                 |       |     |  |      |                 |  |      |                 |  |                |                 |  |                |                |  |             |                         |  |             |                        |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |
| TITLE   |                         | <input type="checkbox"/> Delete                        | TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |                            |  |  |   |  |  |       |     |                                 |       |     |  |      |                 |  |      |                 |  |                |                 |  |                |                |  |             |                         |  |             |                        |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |
|   |                         |  |   |   |  |                            |  |  |   |  |  |       |     |                                 |       |     |  |      |                 |  |      |                 |  |                |                 |  |                |                |  |             |                         |  |             |                        |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |
| TITLE   |                         | <input type="checkbox"/> Delete                        | TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |                            |  |  |   |  |  |       |     |                                 |       |     |  |      |                 |  |      |                 |  |                |                 |  |                |                |  |             |                         |  |             |                        |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |
|   |                         |  |   |   |  |                            |  |  |   |  |  |       |     |                                 |       |     |  |      |                 |  |      |                 |  |                |                 |  |                |                |  |             |                         |  |             |                        |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |
| TITLE   |                         | <input type="checkbox"/> Delete                        | TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |                            |  |  |   |  |  |       |     |                                 |       |     |  |      |                 |  |      |                 |  |                |                 |  |                |                |  |             |                         |  |             |                        |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |
|   |                         |  |   |   |  |                            |  |  |   |  |  |       |     |                                 |       |     |  |      |                 |  |      |                 |  |                |                 |  |                |                |  |             |                         |  |             |                        |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |
| TITLE   |                         | <input type="checkbox"/> Delete                        | TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |                            |  |  |   |  |  |       |     |                                 |       |     |  |      |                 |  |      |                 |  |                |                 |  |                |                |  |             |                         |  |             |                        |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |
|   |                         |  |   |   |  |                            |  |  |   |  |  |       |     |                                 |       |     |  |      |                 |  |      |                 |  |                |                 |  |                |                |  |             |                         |  |             |                        |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |
| TITLE   |                         | <input type="checkbox"/> Delete                        | TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |                            |  |  |   |  |  |       |     |                                 |       |     |  |      |                 |  |      |                 |  |                |                 |  |                |                |  |             |                         |  |             |                        |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |
|   |                         |  |   |   |  |                            |  |  |   |  |  |       |     |                                 |       |     |  |      |                 |  |      |                 |  |                |                 |  |                |                |  |             |                         |  |             |                        |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |
| TITLE   |                         | <input type="checkbox"/> Delete                        | TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |                            |  |  |   |  |  |       |     |                                 |       |     |  |      |                 |  |      |                 |  |                |                 |  |                |                |  |             |                         |  |             |                        |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |
|   |                         |  |   |   |  |                            |  |  |   |  |  |       |     |                                 |       |     |  |      |                 |  |      |                 |  |                |                 |  |                |                |  |             |                         |  |             |                        |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |
| 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 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:  Date: <b>01/15/06</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |                         |  |   |   |  |                            |  |  |   |  |  |       |     |                                 |       |     |  |      |                 |  |      |                 |  |                |                 |  |                |                |  |             |                         |  |             |                        |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |