## 2006 FOR PROFIT CORPORATION - ANNUAL REPORT (AR)

DOCUMENT # P99000086316  1. Entity Name  SIX TABLES, INC.				Apr 06, 2006 08:00 AM Secretary of State
SIX TABL	LES, INC.			# / / / / / / / / / / / / / / / / / / /
Principal Place of Business		Mailing Address	·····	
1153 MAIN ST., #104 DUNEDIN FL 34698		19201 VISTA LANE, S INDIAN SHORES FL 33	TE. 87 3785	
2. Principal Place of Business		3. Mailing Address		* 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Suite, Apt. #, etc.		Suite, Apt. II, etc.		1st MOORE CR2E034 (10/05)
City & State		City & State		4. FEI Number 59-3496912 Applied Far Not Applied Far
Zip	Country	Zip	Country	5. Certificate of Status Desired 58.75 Additional Fee Required
6. Name and Address of Current Registered Agent			Name	7. Name and Address of New Registered Apent
LEVI, ROLAND 19201 VISTA LANE, #B7 INDIAN SHORES FL 33785				ss (P.O. Box Number is Not Acceptable)
			City	FL Zip Code
the obligat SIGNATURE	tions of registered agent.	t and title d applicable (NOT	registered office or regis	Stered agent, or both, in the State of Florida. I am familiar with, and acception of the state of Florida. I am familiar with, and acception of the state of Florida. I am familiar with, and acception of the state of Florida. I am familiar with, and acception of the state of Florida. I am familiar with, and acception of the state of Florida. I am familiar with, and acception of the state of Florida. I am familiar with, and acception of the state of Florida. I am familiar with, and acception of the state of Florida. I am familiar with, and acception of the state of Florida. I am familiar with, and acception of the state of Florida. I am familiar with, and acception of the state of Florida. I am familiar with, and acception of the state of Florida. I am familiar with, and acception of the state of Florida. I am familiar with, and acception of the state of Florida. I am familiar with, and acception of the state of Florida. I am familiar with a state of Florida.
Make Check	k Payable to Florida Department o	of State		
TILE	OFFICERS AND	DIRECTORS  Detele	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME	LEVI, GAIL		NAME	
STREET ADDRESS CITY-ST-ZIP	19201 VISTA LANE, STE. B7 INDIAN SHORES FL 33785	· <u> </u>	STREET ADDRESS CITY-ST-ZIP	900000435298 
TITLE	PD	☐ Delefe	TITLE	Change Change
NAME STREET ADDRESS CRY-ST-ZIP	LEVI, ROLAND 19201 VISTA LANE, STE. B7 INDIAN SHORES FL 33785		NAME STREET ADDRESS CITY-ST-ZIP	
THILE NAME STHEET ADDRESS CHYST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
title name street address chy-st-zip		□ Belete	TITLE NAME STREET ADDRESS GITY-ST-ZIP	☐ Change ☐ Additio
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE MAME STREET ADDRESS CITY-SI-DP	☐ Change ☐ Addii\o
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Celete	TITLE NAME STREET ADDRESS CCTY-ST-TIP	☐ Change ☐ Addition
of the col	certify that the information supplied with on this report or supplemental report proporation or the receiver or trustee errord, or on an attachment with an address.	powered to execute this repor	t as required by Chapter	ined in Section 119, Florida Statutes. I further certify that the information the same legal effect as if made under cath; that I am an officer or director 607, Florida Statutes; and that my name appears in Block 10 or Block 11

4/4/2006 7277368821

LEVI Roland

SIGNATURE: