## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 24, 2006 08:00 AM Secretary of State

Zip Country Sip Country 5. Certificate of Status Desired \$8.75 Addition Fee Required G. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name  MOONEY, MICHAEL P. 333 FAULKENBURG RD. C-305 TAMPA, FL 33619  City FL Zip Code  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 the obligations of registered agent.  SKGNATURE  Signature, byced or printed name of registered agent and the if applicable.  ROTE Registered Agent signature required when reinstating OATE  FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  Trust Fund Contribution.  PRILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  Trust Fund Contribution.  Delete Title NAME  MOONEY, MICHAEL P. STRET ADDRESS 333 FAULKENBURG RD., C305 STREET ADDRESS 333 FAULKENBURG RD., C305 STRETT ADDRESS 333 FAULKENBURG RD., C305 STRETT ADDRESS 333 FAULKENBURG RD., C305 STRETT ADDRESS 334 FAULKENBURG RD., C305 STRETT ADDRESS 335 FAULKENBURG RD., C305 STRETT ADDRESS 336 FAULKENBURG RD., C305 STRETT ADDRESS 337 FAULKENBURG RD., C305 STRETT ADDRESS 338 FAULKENBURG RD., C305 STRETT ADDRESS 339 FAULKENBURG RD., C305 STRETT ADDRESS 330 FAULKENBURG RD., C305 STRETT ADDRESS 330 FAULKENBURG RD., C305 STRETT ADDRESS 331 FAULKENBURG RD., C305 STRETT ADDRESS 332 FAULKENBURG RD., C305 STRETT ADDRESS 333 FAULKENBURG RD., C305 STRETT ADDRESS 334 FAULKENBURG RD., C305 STRETT ADDRESS 335 FAULKENBURG RD., C305 STRETT ADDRESS 336 FAULKENBURG RD., C305 STRETT ADDRESS 337 FAULKENBURG RD., C305 STRE		
Suite, Apt. #, etc.  City & State  City & State  Country  Zip  Country  Stroot Address of Status Desired  \$8.75 Additional Fee Required  6. Name and Address of Current Registered Agent  Norme  MOONEY, MICHAEL P.  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  TAMPA, FL  Zip Code  City  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  TAMPA, FL  Signature, typed or printed mane of registered agent and the # applicable, (NOTE: Registered Agent signature required when relocated agent and the positional agent and the # applicable, (NOTE: Registered Agent signature required when relocated agent and the positional agent and the # applicable, (NOTE: Registered Agent signature required when relocated agent and the # applicable, (NOTE: Registered Agent signature required when relocated agent and the # applicable, (NOTE: Registered Agent signature required when relocated agent and the # applicable, (NOTE: Registered Agent signature required when relocated agent and the # applicable, (NOTE: Registered Agent signature required when relocated agent and the # applicable, (NOTE: Registered Agent signature required when relocated agent and the # applicable, (NOTE: Registered Agent signature required when relocated agent and the # applicable, (NOTE: Registered Agent Agent agent and the # applicable, (NOTE: Registered Agent agent and the # applicable, (NOTE: Registered Agent agent and the # applicable, (NOTE: Registered Agent agent, or both, in the State of Florida. 1 and farmiliar with, and the decided agent and the # applicable, (NOTE: Registered Agent agent, or both, in the State of Florida. 1 and farmiliar with, and the properties of the properties agent, or both, in the State of Florida. 1 and farmiliar with, and the pr	S THE STATE OF THE	
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THE Delete TITLE MAME  MAME  STREET ADDRESS  CITY-ST-ZIP  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 supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further 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 supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further 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 supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further 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 supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further 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 supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes.	Addition	

12. Pereby certify that the information supplied with this filling does not quality for the exemptions contained in Chapter 119, Florida Statutes. I filling 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 ampowered 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. The all other like empowered.

SIGNATURE: \_\_\_\_\_

3/15/04

813-681-4481