

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2006 8:00 am**  
**Secretary of State**

04-11-2006 90114 035 \*\*\*150.00

**60026716**



03242006 Chg-P CR2E034 (11/05)

4. FEI Number **59-3072339** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

## 6. Name and Address of Current Registered Agent

WALTERS, CLIFFORD L  
802 11 ST WEST  
TAMPA, FL 33604

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
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 accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	LEVIN, RICHARD	
STREET ADDRESS	21301 POWERLINE ROAD SUITE #312	
CITY - ST - ZIP	BOCA RATON, FL 33433	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	RICE, SUZANNE L	
STREET ADDRESS	1733 FLETCHER AVE	
CITY - ST - ZIP	TAMPA, FL 33612	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	LEVIN, STEVEN	
STREET ADDRESS	21301 POWERLINE RD STE 312	
CITY - ST - ZIP	BOCA RATON, FL 33433	
TITLE	T	<input type="checkbox"/> Delete
NAME	LEVIN, JILL	
STREET ADDRESS	5410 HOMBERG DR STE A	
CITY - ST - ZIP	KNOXVILLE, TN 37919	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVIN, RICHARD	
STREET ADDRESS	340 S PALM AVENUE. APT 45	
CITY - ST - ZIP	SARASOTA, FL 34236	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVIN, STEVEN	
STREET ADDRESS	925 SOUTH FEDERAL HIGHWAY. SUITE 425	
CITY - ST - ZIP	BOCA RATON FL 33432	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 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:** \_\_\_\_\_

**Jill Levin, Treasurer**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/24/06**  
Date

**(865) 584 4175**  
Daytime Phone #