## FILED Mar 16, 2006 8:00 am

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	ANNUAL	REPORT	

DOCUMENT # \$73224	ANNUAL REPURI					Secretary of State				
# 2 NEW SMRNA BEACH, FL 32169  2. Procupil Pacce of Rusenses  # 2 New SmrNA BEACH, FL 32169  2. Procupil Pacce of Rusenses  Such Apr. # ref.    201	1. Entity Name									
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2. Principal Place of Blanks 24 State Road 46 S433 W. State Road 46 S434 S435 SATLANTIC #2 Seminal Place Road S454 S435 SATLANTIC #2 Seminal Place Road S454 S435 SATLANTIC #2 S454 S454 S454 S454 S454 S454 S454 S45			22170 115							
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Seminale 3271 Seminale 9.271 Seminale 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 8. Name 2. N	Sanford		Sanford, FL		· ·		_			
Seminale Address of Current Registered Agent  6. Name and Address of New Registered Agent  DOUDNEY, MYRA S 4315 S ATLANTIC #2  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 Flonda. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATURE  B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Flonda. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  DOUD FILE NOWILL FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  NAME  DOUD FILE NOWILL FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  NAME  DOUD FILE NOWILL FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  NAME  DOUD FILE NOWILL FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  OFFICERS AND DIRECTORS  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  NAME  DOUD FILE NOWILL FEE IS \$150.00  OFFICERS AND DIRECTORS  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  NAME  SIRET AURIESS  OFFI \$1.79  OFFICERS AND DIRECTORS  OFFICERS AND DIRECTORS  10. OFFICERS AND DIRECTORS		Country U.S. A.	Zip	Country		5. Certificate	of Status Desired			
DOUDNEY, MYRA S 4315 S ATLANTIC #2  NEW SMYRNA BEACH, FL 32169  The abbove harmed entity subtricts this statement for the purpose of changing its registered office or registered agent, or both, is the State of Florida. I am familiar with and accept prine obligations of registered agent, or both, is the State of Florida. I am familiar with and accept prine obligations of registered agent.  SIGNATURE    Subset   More   March   M	32771	Seminole	32771	_Seminole	<u>.                                      </u>			Fee Require	d	
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City FL Zio Code  8. The above named winty submiss this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept of the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept of the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept of the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept of the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept of the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept of the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept of the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept of the obligation of the obligat						<del></del>				
B. The above named entiry submits this statement for the purpose of changing its registered algent, or both, in the State of Florida. I am familiar with, and accept if no obligations of registered agent.    Signature				Street Ad	ddress (P	ess (P.O. Box Number is Not Acceptable)				
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After May 1, 2006 Fee will be \$550.00  Trust Fund Contribution.   Added to Fees    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11    File	- the obligat	ions of registered agent.					n, in the State of Fig		and accept	
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inducated on this report or suppremental 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.