## 2006 FOR PROFIT CORPORATION **FILED** ANNUAL REPORT (AR) Jan 23, 2006 08:00 AM E JUMENT # \$80332 **Secretary of State** F BLER CDS, INC. Place of Susmess Mailing Address Pr 2190 CR 13 BI ELL FL 32110 BUNNELL FL 32110 val Place of Business 3. Mailing Address 2. Suite, Apt. #, etc. Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State 4. FEI Number Applied For 59-3089975 Not Applicat: Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MCLAUGHLIN, ERIC Street Address (P.O. Box Number is Not Acceptable) 2190 CR 13 BUNNELL FL 32110 Zip Code City 8. bore 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 atigations of registered agent. S 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 \$5.00 May B Mer May 1, 2006 Fee Will Be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees me of Payable to Florida Department of State M OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 777. ☐ Delete TITLE ☐ Change ☐ Addition NA MCLAUGHLIN, ERIC MAME STREET ADDRESS P.O BOX 350372 N/A SI CIT PALM COAST FL COY-ST-70 TITLE Change 🔲 ลิจีดีดีด साः Delete U00000396256 NAI MCLAUGHLIN, PETER NAME 01/30/06-80002-008 150.00 ST P.O BOX 350672 N/A STREET ADDRESS CITY-ST-ZIP CIT PALM COAST FL ☐ Delete MILE ☐ Change ☐ Addiso TITL ST NAI NAME MCLAUGHLIN, JEANETTE. STREET ADDRESS ST P.O BOX 350672 N/A CITY-ST-ZIP СII PALM COAST FL ☐ Delete TITLE ☐ Change ☐ Additi 117 NAI STF STREET ADDRESS CITY-ST-ZIP CIT [] Change ☐ Addisin TIDE III ☐ Delete NAI SIF STREET ADDRESS Cit CITY-ST-ZIP Change 177) Delete 7ITEF Attition NA! NAME STF STREET ADDRESS

terby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information icated 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 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 parties, or on any attachment with an address, with all other like empowered.

CITY-ST-ZIP

NATURE:

CIT

12

S

eanite M Tayla

1-2006

386-437-096