2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: SIGNATURE AND TYPED OR PRINTED WANTE OF STONING OFFICER OR DIRECTOR

FILED Mar 13, 2006 08:00 AM Secretary of State

1. Entity Nam	MENT # S92814				v v v v v v v v v v v v v v v v v v v
Principal Plac 5656 OLDSN LAKE WOTH,	MOBILE DR.	Mailing Address 5656 OLDSMOBILE BR. LAKE WORTH, FL 33463	ıs		
Ω	O NOT WRITE		CE	01252006 4. FEI Numb 65-030	
CARROLL, TIMOTHY J. 5656 OLDSMOBILE DR. LAKE WORTH, FL 33463			DO NOT WRITE IN THIS SPACE		
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, typic or printed name of registered agent and fille if applicable. MOTE Registered Agent signature required when reinstating) DATE					
After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added				.00 May Be led to Fees	
TILLE NAME STREET AGGRESS CITY-ST-ZTP TILLE	P CARROLL, TIMOTHY J. S656 OLDSMOBILE DR. LAKE WORTH, FL	ECTORS			
name Street adoress City+St-ZiP					09/22/06/80061-024/150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT WRITE
Title Name Sipeet Address City-St-Zip				IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby of indicated of the corchanged,	certify that the information supplied with this on this report or supplemental report is tru- poration or the receiver or trustee empowe or on an attachment with an address, with	s filing does not qualify for the ex e and accurate and that my signa ed to execute this report as requ all other like empowered.	emptions contained ture shall have the tired by Chapter 607	d in Chapter 119 same legal effect, Florida Statute	 Florida Statutes. I further certify that the information of as if made under oath, that I am an officer or director as; and that my name appears in Black 10 or Block 11 if