## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 09, 2006 8:00 am Secretary of State

DOCUMENT # \$98688		ANNUA	L REPOR	<u> </u>	_ Secr	retary of S	State	
17860 115H IST NO.   17860 115H IST NO.   17861 115H IST RANCE   17861 115H IST NO.   17861 115H IST RANCE   17860 115H IST	1. Entity Nam	е				•		
17860 115H IST NO	Principal Place	e of Business	Mailing Address		<del>-</del> կաս-			
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   O2282008   Chg.P   CR2E034 (11/05)	17860 116TH ST NO. 17860 116TH ST NO.					•		
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   O2282008   Chg.P   CR2E034 (11/05)	,							
City & State  City & Country  City &	2. Principal P	lace of Business	3 Mailing Address					
Size   Additional   Additiona	Suite, Apt. #, etc. Suite, Apt. #, e				02282006 Chg-P	CR2E034 (11/0	5)	
Security   Country   Zip   Country   Security   Secur	City & State		City & State	City & State		<del></del>	· · · · · · · · · · · · · · · · · · ·	
S. Name and Address of New Registered Agent   Name   Nam	Zip	Country	Zip	Country		sired	Additional	
NATTS, TANISHA 17860 116TH TERRACE JUPITER, FL 33478  8. The above named entity authinis 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both in the State of Florida. I am familiar with, and accept the		6. Name and Address of Currer	nt Registered Agent		7. Name and Address of		IIrea	
Street Address (P.O. Box Number is Not Acceptable)    City   FL   Zip Code		•		Name				
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature, typed or primed name of registered agent and use if applicable.	17860 116TH TERRACE				Street Address (P.O. Box Number is Not Acceptable)			
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 Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signatur, typed or printed rame of registered agent and site if applicable. (NOTE Registered Agent signature required when remaining)  After May 1, 2006 Fee will be \$550.00  After May 1, 2006 Fee will be \$550.00  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  WATTS, HOMER  17860 1-116TH TERRACE  JUPITER, FL  Delete  TITLE  MAME  MANAE  SIREET ADDRESS  CITY-ST-2P  TITLE  MAME  MAME  MAME  SIREET ADDRESS  CITY-ST-2P  TITLE  MAME  MAME  MAME  MAME  SIREET ADDRESS  CITY-ST-2P  Change  Addition  Additio	oor men,	12 00470						
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    Spraws, typed or primad rame of registered agent and site if acticable.   (MOTE Registered Agent signature resulted when remaining)   DATE    FILE NOW!!! FEE IS \$150.00				City		FL Zip C	ode	
SIGNATURE    Signame, typed or primed name of registered agent and title if addicable.   (MOTE: Registered Agent signature required when remaining)   DATE	8. The above	named entity submits this statement	for the purpose of chang	ing its registered office or regi	stered agent, or both, in the Stat		ith, and accept	
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  TITLE   PD	_		ant and title if applicable.	(NOTE: Registered Agent signature req	quired when reinstating)	DATE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	After Ma	ay 1, 2006 Fee will be \$550	D.00 Trust Fund	Contribution.	Added to Fees			
NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE WATTS, MARY STREET ADDRESS CITY-ST-ZIP TITLE T		· · ·		<del></del>	ADDITIONS/CHANGES 1			
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SINCEL MUNICOS								
CITY-ST-ZIP 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	12. I hereby	certify that the information supplied v	vith this filing does not qu	alify for the exemptions conta	ined in Chapter 119, Florida Sta	stutes. I further certify that the	ne information	