


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90349 018 \*\*\*150.00

**60029109**



<b>DOCUMENT # V32545</b>					
1. Entity Name STRIKER MAINTENANCE SERVICE, INC.					
Principal Place of Business 2372 NW 34 AVE COCONUT CREEK, FL 33066 US		Mailing Address 2372 NW 34 AVE COCONUT CREEK, FL 33066 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0330937</b>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DULCIO, NEVILE 1645 NORTHWEST 7TH AVENUE FT. LAUDERDALE, FL 33311			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May.1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DULCIO, NEVILE	NAME			
STREET ADDRESS	2372 NW 34 AVE	STREET ADDRESS			
CITY-ST-ZIP	COCONUT CREEK, FL 33066	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DULCIO, SYLVIA	NAME			
STREET ADDRESS	2372 NW 34 AVE	STREET ADDRESS			
CITY-ST-ZIP	COCONUT CREEK, FL 33066	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
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 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: <i>Sylvia Dulcio</i>		Date: <i>2/25/06</i>		Daytime Phone #: <i>954) 608-6458</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

**ATTACHMENT** — 60029109  
#V32545

671105

**Schedule K-1**  
 (Form 1120S)

**2005**

Final K-1       Amended K-1

OMB No. 1545-0130

Department of the Treasury  
 Internal Revenue Service

For calendar year 2005, or tax  
 year beginning \_\_\_\_\_, 2005  
 ending \_\_\_\_\_, \_\_\_\_\_

**Shareholder's Share of Income, Deductions, Credits, etc.** ▶ See page 2 of form and separate instructions.

**Part III Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items**

**Part I Information About the Corporation**

**A** Corporation's employer identification number  
 65-0330937

**B** Corporation's name, address, city, state, and ZIP code  
**Striker Maintenance Service, Inc.**  
 2372 N.W. 34th Ave  
 Coconut Creek, FL 33066

**C** IRS Center where corporation filed return  
 Ogden, UT 84201-0013

**D**  Tax shelter registration number, if any

**E**  Check if Form 8271 is attached

**Part II Information About the Shareholder**

**F** Shareholder's identifying number  
 594-94-2849

**G** Shareholder's name, address, city, state, and ZIP code  
**Sylvia Dulcio**  
 2372 N.W. 34th Ave  
 Coconut Creek, FL 33066

**H** Shareholder's percentage of stock ownership for tax year ..... **50.00000 %**

<b>1</b>	Ordinary business income (loss)	<b>13</b>	Credits & credit recapture
	12,152.		
<b>2</b>	Net rental real estate income (loss)		
<b>3</b>	Other net rental income (loss)		
<b>4</b>	Interest income		
<b>5a</b>	Ordinary dividends		
<b>5b</b>	Qualified dividends	<b>14</b>	Foreign transactions
<b>6</b>	Royalties		
<b>7</b>	Net short-term capital gain (loss)		
<b>8a</b>	Net long-term capital gain (loss)		
<b>8b</b>	Collectibles (28%) gain (loss)		
<b>8c</b>	Unrecaptured section 1250 gain		
<b>9</b>	Net section 1231 gain (loss)		
<b>10</b>	Other income (loss)	<b>15</b>	Alternative minimum tax (AMT) items
		<b>A</b>	-472.
<b>11</b>	Section 179 deduction	<b>16</b>	Items affecting shareholder basis
	1,400.	<b>C</b>	420.
<b>12</b>	Other deductions	<b>D</b>	10,355.
		<b>17</b>	Other information

FOR IRS USE ONLY

\*See attached statement for additional information.