## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 20, 2006 08:00 AM Secretary of State

1. Entity Name	MENT # V34692 OLDINGS, INC.						
Principal Place of Business Mailing Address 1830 2ND AVE N LAKEWORTH, FL 33460 US 1 LAKEWORTH, FL 33460 US US							
, D	O NOT WRITE IN	CE	1   1   1   1   1   1   1   1   1   1				
1830 2ND : BAY #1	I, CHRISTOPHER A	DO NOT WRITE IN THIS SPACE					
the obligation	named entity submits this statement for the plans of registered agent.  Signature, typical or printed humanot registered agent and title IE NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	I moulde	MA Zanature required and Agent signature required and according \$5.	1 Windo realization (20)	o Turummusi a	STA	_ <del>-</del>
TO.  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT P BOHLMAN, CHRISTOPHER A 833 GLOUCHESTER STREET BOCA RATON, FL	CTORS					
TITLE HAME STREET ADDRESS GITY-ST-ZIP TITCE NAME STREET ADDRESS GITY-ST-ZIP					OT WRI		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	·						
l of the co.	certify that the information supplied with this identifies this report or supplemental report is true reportation or the register or trustee ampowers, or on an atlactment with an address, with a	id to execute this report as requ	xemptions containe ature shall have the vired by Chapter 60	d in Chapter 119, Flo same legal effect as i 7, Florida Statutes; an	nda Statutes. I furthe if made under oath; id that my name app	er centify that the informat I am an officer or bears in Block 10 or Bl	mation director ock 11 if

SIGNATURE AND TYPED OR PRINTED MANE OF SIGNING DIFFICER OR DIRECTOR

SIGNATURE: \_