FILED Feb 13, 2006 8:00 am Secretary of State

2006	FOR PROFI	T CORPOR	ATION
	ANNUAI	L REPORT	

the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Part	licable				
2. Principal Place of Business 3. Mailing Address 3. Mailing Address 4. Fel Number 65-0357328 1000 1112006 Chg-P CR2E034 (11/05) City & State Cuntry Zip Country 5. Certificate of Status Desired 65-0357328	licable				
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TITLE NAME LAROCHE, RICHARD F JR. STREET ADDRESS CITY-ST-ZIP MURFREESBORO, TN 37129 12. I hereby certify that the information supplied with this filling 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 direction.	Addition				

of the corporation or the receiver or trustee empowered to execute this report as regularize 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. VP & CFO

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF IGNING OFFICER OR DIRECTOR