


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-24-2006 90428 047 ***150.00

DOCUMENT # G82482 1. Entity Name T CORPORATION	
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Principal Place of Business 4367 N. FEDERAL HWY., #103 FT. LAUDERDALE, FL 33308 US	Mailing Address 4367 N. FEDERAL HWY., #103 FT. LAUDERDALE, FL 33308 US
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2. Principal Place of Business Suite, Apt. #, etc. # 203 City & State	3. Mailing Address Suite, Apt. #, etc. # 203 City & State
Zip	Country



03172006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent TOPMILLER, GERALD 4367 N. FEDERAL HWY FT. LAUDERDALE, FL 33308	
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4. FEI Number 59-2482006	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
7. Name and Address of New Registered Agent	
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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV TOPMILLER, ELIZABETH 4367 N. FEDERAL HWY FT LAUDERDALE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP TOPMILLER, GERALD 4367 N. FEDERAL HWY FT LAUDERDALE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Gerald Topmiller* *3/17/06*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #