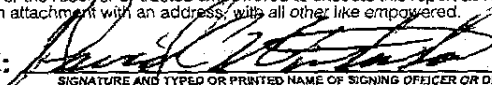


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 658350		
1. Entity Name WIITALA & CONTOLE, P.A.		
Principal Place of Business 631 U.S. HWY ONE STE. #310 NORTH PALM BEACH, FL 33408 US		Mailing Address 631 U.S. HWY ONE STE. #310 NORTH PALM BEACH, FL 33408 US
DO NOT WRITE IN THIS SPACE		
		01112006 No Chg-P CR2E034 (11/05)
4. FEI Number 59-1978194		Applied For Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent WIITALA, DAVID C. 631 U.S. HWY. 1 SUITE 310 N. PALM BEACH, FL 33408		
DO NOT WRITE IN THIS SPACE		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
		110000966833 01/18/06-80015-002 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CONTOLE, WILLIAM L 1030 GRAND BAHAMA LANE SINGER ISLAND, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD WIITALA, DAVID C 8401 S. ELIZABETH AVE. PALM BEACH GARDENS, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS 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: 		1/13/06 561-842-9998
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone