


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # F15878
 1. Entity Name
LAW OFFICES OF RAY A. SCHLICHTE, JR.
PROFESSIONAL ASSOCIATION



Principal Place of Business
2134 HOLLYWOOD BLVD
HOLLYWOOD, FL 33020

Mailing Address
2134 HOLLYWOOD BLVD
HOLLYWOOD, FL 33020

DO NOT WRITE IN THIS SPACE



01232006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2047109 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
SCHLICHTE, PAUL G ESQ.
2134 HOLLYWOOD BLVD
HOLLYWOOD, FL 33020

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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 re-registering)

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHLICHTE, PAUL G 2134 HOLLYWOOD BLVD HOLLYWOOD, FL 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCHLICHTE, MATTHEW J. 2134 HOLLYWOOD BLVD. HOLLYWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHLICHTE, MATTHEW 5720 HARDING STREET HOLLYWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHLICHTE, MATTHEW J 5721 HARDING ST HOLLYWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 02/17/06-80036-017 150.00

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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 807, 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:  **MATTHEW SCHLICHTE** 1/27/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #