2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006
Secretary of State

DOCUMENT# F60858

Entity Name: JAMES J. ALTMAN, P.A.

Current Principal Place of Business:

% JAMES J ALTMAN
5628 MAIN ST
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

% JAMES J ALTMAN
5614 GRAND BLVD.
NEW PORT RICHEY, FL 34652

Current Mailing Address:

% JAMES J ALTMAN
5628 MAIN ST
NEW PORT RICHEY, FL 34652

New Mailing Address:

% JAMES J ALTMAN
5614 GRAND BLVD.
NEW PORT RICHEY, FL 34652

FEI Number: 59-2152543 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALTMAN, JAMES J
5628 MAIN ST
NEW PORT RICHEY, FL 346529636 US

Name and Address of New Registered Agent:

ALTMAN, JAMES J
5614 GRAND BLVD.
NEW PORT RICHEY, FL 346529636 US

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.

SIGNATURE: 01/19/2006
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: ALTMAN, JAMES J,
Address: 5628 MAIN ST
City-St-Zip: NEW PORT RICHEY, FL00000,

Title: CSD ( ) Delete
Name: ALTMAN, ROBERT N.,
Address: 5628 MAIN STREET
City-St-Zip: NEW PORT RICHEY, FL

Title: PDT ( ) Delete
Name: ALTMAN, THOMAS P.,
Address: 5628 MAIN STREET
City-St-Zip: NEW PORT RICHEY, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: ALTMAN, JAMES J,
Address: 5614 GRAND BLVD.
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: CSD (X) Change ( ) Addition
Name: ALTMAN, ROBERT N.,
Address: 5614 GRAND BLVD.
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: PDT (X) Change ( ) Addition
Name: ALTMAN, THOMAS P.,
Address: 5614 GRAND BL.VD.
City-St-Zip: NEW PORT RICHEY, FL 34652

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS P. ALTMAN P 01/19/2006
Electronic Signature of Signing Officer or Director — Date