


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 07, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P0000085425**  
 1. Entity Name  
**DOCTOR RESOURCES, INC.**



Principal Place of Business      Mailing Address  
**1175 SOUTH US HWY 1**      **1175 SOUTH US HWY 1**  
**VERO BEACH, FL 32962**      **VERO BEACH, FL 32962**

**DO NOT WRITE IN THIS SPACE**



08282006    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**65-1042395**      Not Applicable

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

**6. Name and Address of Current Registered Agent**

**BLODIG, GREGORY J ESQ**  
**GREENSPOON MARDER HIRSCHFELD ET AL.**  
**100 WEST CYPRESS CREEK ROAD SUITE 700**  
**FT LAUDERDALE, FL 33309**

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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 reinstating)

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00** May Be Added to Fees

U00000575668  
 08/30/06-80004-004 50.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO JANKE, WALTER 1175 US HWY 1 VERO BEACH, FL 32962
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO JANKE, LALITA 1175 5 US HWY 1 VERO BEACH, FL 32962
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U00000576368  
 09/07/06-80002-017 550.00

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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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

**SIGNATURE:** \_\_\_\_\_ **8/29/06** **772-794-0070**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #