

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 07, 2006 8:00 am**  
**Secretary of State**

08-07-2006 90042 034 \*\*\*150.00

DOCUMENT # P01000098951  
 1. Entity Name  
 KELLIE E. TOMEO, P.A.



Principal Place of Business      Mailing Address  
 801 INTERNATIONAL PKWY      801 INTERNATIONAL PKWY  
 5TH FLOOR      5TH FLOOR  
 HEATHROW, FL 32746 US      HEATHROW, FL 32746 US

**50024467**



08022006      Chg-P      CR2E034 (11/05)

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country

*111 NORTH ORANGE AVE.*  
*20th floor*  
*ORLANDO*  
*32801*      *USA*

4. FEI Number      Applied For  
 59-3749949      Not Applicable

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

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

TOME0, KELLIE E ESQ.  
 801 INTERNATIONAL PARKWAY  
 5TH FLOOR  
 HEATHROW, FL 32746

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
*111 N. ORANGE AVE.*  
*20th floor*  
 City      State      Zip Code  
*ORLANDO*      *FL*      *32801*

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 Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution.       \$5.00 May Be Added to Fees      In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOME0, KELLIE E 801 INTERNATIONAL PARKWAY, 5TH FLOOR HEATHROW, FL 32746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	KELLIE TOMEO 111 NORTH ORANGE AVENUE, 20th floor ORLANDO, FL 32801 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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 all other like empowered.

SIGNATURE: \_\_\_\_\_      Date: *8/2/06*      Daytime Phone #: *407-454-6658*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR