2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State
04-19-2006 90088 019 ***150.00

DOCUMENT # P02000069028

1. Entity Name
MICHAEL S. MERSKY, P.A.

Principal Place of Business	Mailing Address
1100 N. OLIVE AVE. W PALM BCH, FL 33401	1100 N. OLIVE AVE. W PALM BCH, FL 33401

04082006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
4866 S. Marbella Rd.	P.O. Box 2151
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: West Palm Beach, FL	City & State: West Palm Beach, FL
Zip: 33417 Country: USA	Zip: 33402 Country: USA

4. FEI Number
32-0020531
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MERSKY, MICHAEL S ESQ.
1100 N. OLIVE AVE.
W PALM BCH, FL 33401

7. Name and Address of New Registered Agent

Name: Michael S Mersky, Esq.
Street Address (P.O. Box Number Is Not Acceptable): 4866 S. Marbella Rd.
City: West Palm Beach FL Zip Code: 33417

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: [signature] Signature, typed or printed name of registered agent and title if applicable. (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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP MERSKY, MICHAEL S 1100 N. OLIVE AVE. WEST PALM BEACH, FL 33401	☐ Delete	DP Mersky, Michael S. P.O. Box 2151 West Palm Beach, FL 33402	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/10/06

Daytime Phone #: (561) 655-4719