2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 03, 2006 8:00 am Secretary of State **DOCUMENT # P03000148303** 04-03-2006 90362 018 ***150.00 1. Entity Name MARK I. INGBER, C.P.A., P.A. Principal Place of Business Mailing Address UNA CO 10100 W SAMPLE RD 10100 W SAMPLE RD **STE 326 STE 326** CORAL SPRINGS, FL 33065 CORAL SPRINGS, FL 33065 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 03292006 CR2E034 (11/05) Cha-P Applied For City & State City & State 4. FEI Number 20-0488448 Not Applicable Country Zip Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Mark I. Ingler INGBER, MARK I Street Address (P.O. Box Number is Not Acceptable) 3071 NW 107 AVE. CORAL SPRINGS, FL 33065 8. The above named entity submits this statement for the purpose of changing its registered office or registered age of both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. registered agent and title if applicable \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DPST Change Addition TITLE TITLE Delete Ingber mark I. 10100 West Sample Road Suite H326 INGBER, MARK I NAME NAME STREET ADDRESS 3071 NW 107 AVE. STREET ADDRESS CORAL SPRINGS, FL 33065 CITY-ST-ZIP CITY-SI-ZIF Coral Springs, FL 33065-3973 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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. Mark I. Ingler, President 3/25/06 De printed NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE:

FILED