2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006
Secretary of State

DOCUMENT# P05000083819

Entity Name: VANESSA AARONSON, O.D. P.A.

Current Principal Place of Business:

6101 PALM TRACE LANDINGS DRIVE
#219
DAVIE, FL 33314 US

New Principal Place of Business:

Current Mailing Address:

6101 PALM TRACE LANDINGS DRIVE
#219
DAVIE, FL 33314 US

New Mailing Address:

FEI Number: 20-2976983 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AARONSON, VANESSA
6101 PALM TRACE LANDINGS DRIVE
#219
DAVIE, FL 33314 US

Name and Address of New Registered Agent:

AARONSON, VANESSA O DR.
6101 PALM TRACE LANDINGS DRIVE
#219
DAVIE, FL 33314 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: VANESSA AARONSON 01/19/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PVS ( ) Delete
Name: AARONSON, VANESSA
Address: 6101 PALM TRACE LANDINGS DRIVE #219
City-St-Zip: DAVIE, FL 33314 US

Title: TD ( ) Delete
Name: AARONSON, VANESSA
Address: 6101 PALM TRACE LANDINGS DRIVE #219
City-St-Zip: DAVIE, FL 33314 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVS (X) Change ( ) Addition
Name: AARONSON, VANESSA O DR.
Address: 6101 PALM TRACE LANDINGS DRIVE #219
City-St-Zip: DAVIE, FL 33314 US

Title: TD (X) Change ( ) Addition
Name: AARONSON, VANESSA O DR.
Address: 6101 PALM TRACE LANDINGS DRIVE #219
City-St-Zip: DAVIE, FL 33314 US

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: VANESSA AARONSON PVS 01/19/2006
Electronic Signature of Signing Officer or Director Date