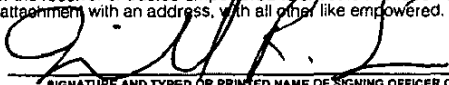


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90046 009 ***158.75

DOCUMENT # P05000152845 1. Entity Name MICHAEL R. LOWE, P.A.																																					
Principal Place of Business 1083 HENLEY DOWNS PL HEATHROW, FL 32746			Mailing Address 1083 HENLEY DOWNS PL HEATHROW, FL 32746																																		
2. Principal Place of Business 2180 West S.R. 434		3. Mailing Address 2180 West S.R. 434																																			
Suite, Apt. #, etc. Suite 2150		Suite, Apt. #, etc. Suite 2150																																			
City & State Longwood, FL		City & State Longwood, FL																																			
Zip 32779		Country USA		Zip 32779																																	
Country USA		Country USA																																			
4. FEI Number 20-3800346			Applied For ☐ Not Applicable																																		
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required																																					
6. Name and Address of Current Registered Agent LOWE, MICHAEL R ESQ. 1083 HENLEY DOWNS PL HEATHROW, FL 32746			7. Name and Address of New Registered Agent Name Michael R. Lowe, ESQ. Street Address (P.O. Box Number is Not Acceptable) 2180 West S.R. 434 Suite 2150 City Longwood FL Zip Code 32779																																		
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 _____ (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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;"> DPVS LOWE, MICHAEL R 1083 HENLEY DOWNS PL HEATHROW, FL 32746 ☐ Delete </td> </tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVS LOWE, MICHAEL R 1083 HENLEY DOWNS PL HEATHROW, FL 32746 ☐ Delete															11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;"> DPVS Michael R. Lowe 2180 West S.R. 434 ste 2150 Longwood, FL 32779 ☒ Change ☐ Addition </td> </tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVS Michael R. Lowe 2180 West S.R. 434 ste 2150 Longwood, FL 32779 ☒ Change ☐ 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 2/13/06 Daytime Phone # (407) 332-6353																																		