


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90116 036 \*\*\*150.00

**DOCUMENT # P95000088621**

1. Entity Name  
**MAITLAND LAW CENTRE, INC.**



Principal Place of Business      Mailing Address

159 LOOKOUT PL.  
 SUITE 101  
 MAITLAND, FL 32751    US

159 LOOKOUT PL.  
 SUITE 101  
 MAITLAND, FL 32751    US

40004963



2. Principal Place of Business      3. Mailing Address

~~117 Tangelo~~      117 Tangelo Ct

Suite, Apt. #, etc.      Suite, Apt. #, etc.

01202006    Chg-P    CR2E034 (11/05)

City & State      City & State

MAITLAND FLORIDA

Zip      Country      Zip      Country

32751      USA

4. FEI Number      Applied For

59-3346099      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	
RUBINO, NICHOLAS J. ESQ. 159 LOOKOUT PLACE. SUITE 101 MAITLAND, FL 32751		Name	Kent A. Akins
		Street Address (P.O. Box Number is Not Acceptable)	117 Tangelo Ct
		City	MAITLAND FL Zip Code 32751

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 Kent A. Akins      DATE 1/9/06

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 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	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUBINO, NICHOLAS J	NAME	
STREET ADDRESS	209 HERON STREET	STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701	CITY-ST-ZIP	
TITLE	DVST <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AKINS, KENT	NAME	DUST AKINS, Kent
STREET ADDRESS	116 TANGELO COURT	STREET ADDRESS	117 Tangelo Ct
CITY-ST-ZIP	MAITLAND, FL	CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		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.

SIGNATURE: [Signature]      Date 1/19/06      Daytime Phone # 407-646-6748

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR