
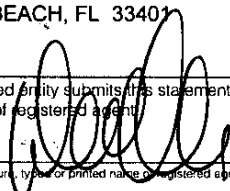
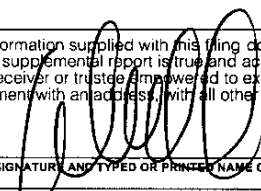


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90012 005 ***150.00

DOCUMENT # P98000053307					
1. Entity Name DAVID J. WIENER, P.A.					
Principal Place of Business ONE NORTH CLEMATIS STREET STE 305 WEST PALM BEACH, FL 33401			Mailing Address ONE NORTH CLEMATIS STREET STE 305 WEST PALM BEACH, FL 33401		
2. Principal Place of Business 3200 N. Military Trail Suite, Apt. #, etc. 4th FL		3. Mailing Address 3200 N. Military Trail Suite, Apt. #, etc. 4th FL			
City & State Boca Raton, FL		City & State Boca Raton, FL		4. FEI Number 65-0847262	
Zip 33431		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent WIENER, DAVID J ONE NORTH CLEMATIS STREET STE 305 WEST PALM BEACH, FL 33401			7. Name and Address of New Registered Agent Name David J. Wiener Street Address (P.O. Box Number is Not Acceptable) 3200 N. Military Trail City Boca Raton FL 33431		
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 		DATE 2/22/06			
SIGNATURE TYPE 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. <input type="checkbox"/> \$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	D WIENER, DAVID J ONE NORTH CLEMATIS STREET, STE 305 WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST David J. Wiener 3200 N. Military Trail, 4th FL Boca Raton, FL 33431	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: 		Date 2/22/06 5:01 PM 306 944			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #			