

2006 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED AND FILED

06 MAR 14 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten Signature]

DOCUMENT # 493935
 1. Entity Name
 WILLIAM J. MCPHARLIN, P.A.



Principal Place of Business Mailing Address
 3015 N. OCEAN., #122 3015 N. OCEAN., #122
 FT. LAUDERDALE, FL 33308 US FT. LAUDERDALE, FL 33308 US

DO NOT WRITE IN THIS SPACE



02222006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 59-1807541 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MCPHARLIN, WILLIAM J
 3015 N. OCEAN., #122
 FT. LAUDERDALE, FL 33308

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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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCPHARLIN, WILLIAM J 1800 S. OCEAN BLVD #112 POMPANO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

100068111851
 03/20/06--01027--019 **150.00

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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: *[Handwritten Signature]* President 2-22-06 954-566-8893

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #