
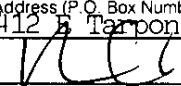
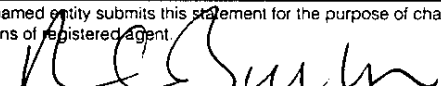
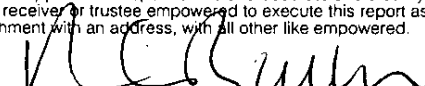


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90036 015 ***150.00

DOCUMENT # 506395 1. Entity Name KIMPTON, BURKE & BOBENHAUSEN, P.A.					
Principal Place of Business 28059 U.S. HIGHWAY 19 NORTH STE 100 CLEARWATER, FL 33761 US			Mailing Address 28059 U.S. HIGHWAY 19 NORTH STE 100 CLEARWATER, FL 33761 US		
2. Principal Place of Business 412 E Tarpon Avenue		3. Mailing Address 412 E. Tarpon Avenue			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Tarpon Springs FL		City & State Tarpon Springs FL		4. FEI Number 59-1676314	
Zip 34689		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BURKE, ROBERT C., JR. 28059 US HWY 19 NORTH STE 100 CLEARWATER, FL 33761				7. Name and Address of New Registered Agent Name Robert C Burke Jr Street Address (P.O. Box Number is Not Acceptable) 412 E Tarpon Avenue  City Tarpon Springs FL Zip Code 34689	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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	PD KIMPTON, WILLIAM J <input type="checkbox"/> Delete 28059 US HWY 19 NORTH STE 100 CLEARWATER, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 605 Palm Boulevard Suite B Dunedin FL 34698	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD BURKE, ROBERT C. <input type="checkbox"/> Delete 28059 US HWY 19 NORTH STE 100 CLEARWATER, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 412 E Tarpon Avenue Tarpon Springs FL 34689	
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	
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	
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: 			01/18/2006 727-939-4900 <small>Date Daytime Phone #</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					