2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 527122

Title:

Name:

Address:

City-St-Zip:

VPDS

() Delete

FORT LAUDERDALE, FL 33316

CARLISLE, STEPHEN M.,

1323 SE THIRD AVENUE

FILED Feb 04, 2006 Secretary of State

Entity Nam	ie: RUSSELL	E. CARLISLE, P.A.		
Current Principal Place of Business:		New Principal Place of	New Principal Place of Business:	
	RD AVENUE RDALE, FL 3:	3316		
Current Mailing Address:		New Mailing Address	New Mailing Address:	
	RD AVENUE RDALE, FL 3:	3316		
FEI Number:	59-1726218	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:				New Registered Agent:
	RUSSELL E.			
	HIRD AVENUE RDALE, FL 3:			
FT. LAUDE	RDALE, FL 3	3316 US	urpose of changing its registered	office or registered agent, or both,
FT. LAUDE The above i	RDALE, FL 3: named entity s of Florida. E:	3316 US ubmits this statement for the p		
The above in the State	RDALE, FL 3: named entity s of Florida. E:	3316 US ubmits this statement for the p		office or registered agent, or both, Date
The above in the State	RDALE, FL 3: named entity s of Florida. E:	3316 US ubmits this statement for the p		
The above in the State SIGNATUR Election Cam	RDALE, FL 3: named entity s of Florida. E:	3316 US ubmits this statement for the p ic Signature of Registered Age Trust Fund Contribution ().	nt	
The above in the State SIGNATUR Election Cam	named entity sof Florida. E: Electron paign Financing	ubmits this statement for the pic Signature of Registered Age Trust Fund Contribution (). FORS: Delete SELL E., AVENUE	nt ADDITIONS/CHANGE	Date

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

VPDS

CARLISLE, STEPHEN M.,

1215 EAST BROWARD BOULEVARD

FORT LAUDERDALE, FL 33301

(X) Change () Addition

SIGNATURE: RUSSELL E. CARLISLE PD 02/04/2006