


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 581360</b>	
1. Entity Name BOBO, CIOTOLI, BOCCHINO, NEWMAN & CORSINI, P.A.	

Principal Place of Business 1240 U.S. HWY 1 NORTH PALM BEACH, FL 33408 US	Mailing Address 1240 U.S. HWY 1 NORTH PALM BEACH, FL 33408 US
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**DO NOT WRITE IN THIS SPACE**



02152006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1839299	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  BOBO, A RUSSELL 1240 U.S. HWY. 1 NORTH PALM BEACH, FL 33408
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**DO NOT WRITE IN THIS SPACE**

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**

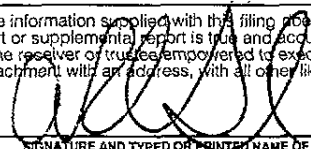
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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U00000527972  
05/05/06-80016-025 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BOCCHINO, JOHN W 315 E ROBINSON ST STE 510 ORLANDO, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS CIOTOLI, EUGENE L. 1240 U.S. HWY 1 NORTH PALM BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NEWMAN, BENJAMIN W 315 E ROBINSON ST. STE 510 ORLANDO, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BOBO, A. RUSSELL 1240 U.S. HWY 1 NORTH PALM BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

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:**  **4/19/06** **561-684-6600**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #