2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 23, 2006 08:00 AN **DOCUMENT # 589488** 1. Entity Name **Secretary of State** BARRY GORDON D.C. P.A. Principal Place of Business Mailing Address 1986N 31ST AVE 1986N 31ST AVE #110 #110 VERO BEACH, FL 32960 US VERO BEACH, FL 32960 US 01122006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-1852496 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GORDON, BARRY T DO NOT WRITE 2175 20TH ST VERO BEAHC, FL 32960 IN THIS SPACE 5. 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. Signature, typed or project name of registered agent and title if applicable (NOTE, Registered Agen) signature regulard when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE KAME GORDON, THAD BARRY STREET ADDRESS 1986 31ST AVE #110 CITY-ST ZIP VERO BEACH, FL 32960 TITLE 01/26/06-80025-012 150.00 NAME STREET ADDRESS CITY - ST- ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY ST ZIP TITLE KAME STREET ADDRESS CITY ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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, when the property of the property of

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR