

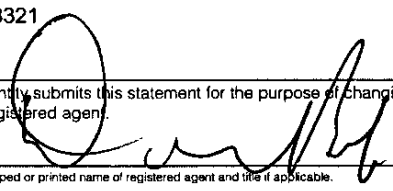


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90165 026 ***150.00

DOCUMENT # 605125 1. Entity Name CUNNINGHAM & RASKIN, INC.					
Principal Place of Business 7710 NW 71ST COURT STE 101 TAMARAC, FL 33321 US				Mailing Address 7710 NW 71ST COURT STE 101 TAMARAC, FL 33321 US	
2. Principal Place of Business 5922 CATTLEMAN LANE		3. Mailing Address 5922 CATTLEMAN LANE			
Suite, Apt. #, etc. SUITE 101		Suite, Apt. #, etc. SUITE 101			
City & State SARASOTA, FL		City & State SARASOTA, FL			
Zip 34232		Country SARASOTA		04172006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent LUTHRINGER, THOMAS 7710 NW 71ST. COURT STE. 101 TAMARAC, FL 33321				7. Name and Address of New Registered Agent Name THOMAS LUTHRINGER Street Address (P.O. Box Number is Not Acceptable) 5922 CATTLEMAN LANE SUITE 101 City SARASOTA FL Zip Code 34232	
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"/> \$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	P LUTHRINGER, THOMAS 7710 NW 71ST. CT., STE. 101 TAMARAC, FL 33321	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BAFIA, DANIEL 7710 NW 71ST. CT., STE. 101 TAMARAC, FL 33321	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BALIA, DANIEL 7710 NW 71ST. CT, STE. 101 TAMARAC, FL 33321	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5922 CATTLEMAN LANE SUITE 101 SARASOTA, FL 34232	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5922 CATTLEMAN LANE SUITE 101 SARASOTA, FL 34232	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5922 CATTLEMAN LANE SUITE 101 SARASOTA, FL 34232	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<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: 