
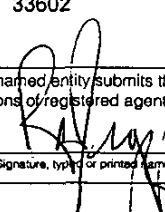
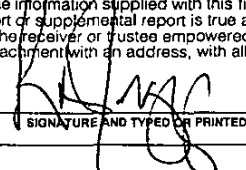


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90095 001 ***150.00

DOCUMENT # 643584 1. Entity Name ROBERT A. TROPP, P.A.					
Principal Place of Business 400 NORTH ASHLEY PLAZA SUITE 3000 TAMPA, FL 33602			Mailing Address 400 NORTH ASHLEY PLAZA SUITE 3000 TAMPA, FL 33602		
2. Principal Place of Business 1881 W. Kennedy Blvd.		3. Mailing Address 1881 W. Kennedy Blvd.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Tampa, FL		City & State Tampa, FL		4. FEI Number 59-1944221	
Zip 33606-1643		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TROPP, ROBERT A 400 NORTH ASHLEY PLAZA SUITE 3000 TAMPA, FL 33602		7. Name and Address of New Registered Agent Name Robert A. Tropp Street Address (P.O. Box Number is Not Acceptable) 1881 W. Kennedy Blvd. City Tampa FL Zip Code 33606-1643			
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  ROBERT A. TROPP 3/6/06 <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 TROPP, ROBERT A 400 NORTH ASHLEY PLAZA TAMPA, FL 33602	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Tropp, Robert A. 1881 W. Kennedy Blvd. Tampa, FL 33606-1643	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD	<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:  ROBERT A. TROPP 3/6/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					