

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2006 08:00 AM**  
**Secretary of State**

|                                                                                 |                                                                                   |
|---------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # 647261</b><br>1. Entity Name<br><b>MICHAEL P. FALKOWSKI, P.A.</b> |  |
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|                                                                                            |                                                                                |
|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| Principal Place of Business<br><b>338 N RIDGEWOOD AVE<br/>DAYTONA BEACH, FL 32114-3253</b> | Mailing Address<br><b>338 N RIDGEWOOD AVE<br/>DAYTONA BEACH, FL 32114-3253</b> |
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01202006 No Chg-P CR2E034 (11/05)

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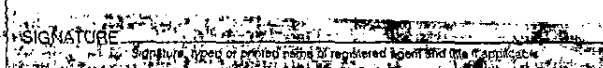
|                                    |                                                        |
|------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>59-1952678</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--------------------------------------------------------|

|                                                           |                                       |
|-----------------------------------------------------------|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|-----------------------------------------------------------|---------------------------------------|

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| 6. Name and Address of Current Registered Agent<br><br><b>FALKOWSKI, MICHAEL P.<br/>338N RIDGEWOOD AVE<br/>DAYTONA BEACH, FL 32018</b> |
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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.

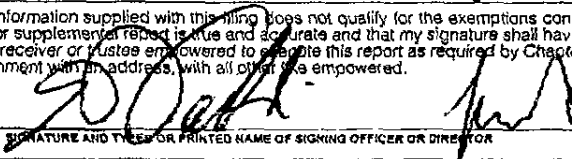
|                                                                                                  |                         |
|--------------------------------------------------------------------------------------------------|-------------------------|
| SIGNATURE<br> | DATE<br><b>02/10/06</b> |
|--------------------------------------------------------------------------------------------------|-------------------------|

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|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees | <b>02/10/06 80028-015 150.00</b> |
|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|----------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                                    |
|------------------------------------------------|------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PTD<br/>FALKOWSKI, MICHAEL P.<br/>338 N RIDGEWOOD AVE<br/>DAYTONA BEACH, FL</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                    |

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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 prepare 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 persons empowered.

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|-------------------------------------------------------------------------------------------------------|----------------------------|
| <b>SIGNATURE:</b>  | Date<br><b>386-257-160</b> |
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