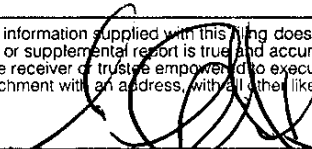


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 10, 2006 8:00 am**  
**Secretary of State**

07-10-2006 90025 015 \*\*\*150.00

|  |                                 |   |   |   |                                 |      |                    |  |                |                                 |  |             |                 |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
|--|---------------------------------|---|---|---|---------------------------------|------|--------------------|--|----------------|---------------------------------|--|-------------|-----------------|--|--|--|--|-------|--|---|------|--|--|----------------|--|--|-------------|--|--|
| <b>DOCUMENT # 649555</b><br>1. Entity Name<br><b>ARNOLD R. GELLMAN, P.A.</b>   |                                 |   |   |  |                                 |      |                    |  |                |                                 |  |             |                 |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| Principal Place of Business<br><b>200 S BISCAYNE BLVD, SUITE 2100</b><br><b>WACHOVIA FINANCIAL CENTER</b><br><b>MIAMI, FL 33131</b>  |                                 |   | Mailing Address<br><b>200 S BISCAYNE BLVD, SUITE 2100</b><br><b>WACHOVIA FINANCIAL CENTER</b><br><b>MIAMI, FL 33131</b>   |   |                                 |      |                    |  |                |                                 |  |             |                 |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.  |                                 |   | 3. Mailing Address<br>Suite, Apt. #, etc.   |   |                                 |      |                    |  |                |                                 |  |             |                 |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| City & State   |                                 |   | City & State  |   |                                 |      |                    |  |                |                                 |  |             |                 |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| Zip  |                                 | Country   |   | Zip   |                                 |      |                    |  |                |                                 |  |             |                 |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| Country  |                                 | Country   |   | 4. FEI Number<br><b>59-1983787</b>  |                                 |      |                    |  |                |                                 |  |             |                 |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |                                 |   |   | Applied For<br><input type="checkbox"/> Not Applicable                            |                                 |      |                    |  |                |                                 |  |             |                 |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>GELLMAN, ARNOLD R</b><br><b>2400 SOUTH DIXIE HIGHWAY SUITE 100</b><br><b>MIAMI, FL 33133</b>   |                                 |   | 7. Name and Address of New Registered Agent<br>Name <b>Arnold R. Gellman</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>200 S. Biscayne Blvd., Suite 2100</b><br>City <b>Miami</b> <b>FL</b> Zip Code <b>33131</b> |   |                                 |      |                    |  |                |                                 |  |             |                 |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| 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 <b>7/5/06</b>   |                                 |   |   |   |                                 |      |                    |  |                |                                 |  |             |                 |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>Due by September 6, 2006</b>  |                                 |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b><br>In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.                 |   |                                 |      |                    |  |                |                                 |  |             |                 |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| 10. OFFICERS AND DIRECTORS<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">PD</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>GELLMAN, ARNOLD R.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>200 S BISCAYNE BLVD, SUITE 2100</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33131</td> <td></td> </tr> </table>  |                                 |   | TITLE   | PD  | <input type="checkbox"/> Delete | NAME | GELLMAN, ARNOLD R. |  | STREET ADDRESS | 200 S BISCAYNE BLVD, SUITE 2100 |  | CITY-ST-ZIP | MIAMI, FL 33131 |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> |  |  | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  |
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| NAME   | GELLMAN, ARNOLD R.              |   |   |   |                                 |      |                    |  |                |                                 |  |             |                 |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS   | 200 S BISCAYNE BLVD, SUITE 2100 |   |   |   |                                 |      |                    |  |                |                                 |  |             |                 |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP  | MIAMI, FL 33131                 |   |   |   |                                 |      |                    |  |                |                                 |  |             |                 |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
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| STREET ADDRESS   |                                 |   |   |   |                                 |      |                    |  |                |                                 |  |             |                 |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
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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 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:  <span style="float: right;">305 982-1533</span>   |                                 |   |   |   |                                 |      |                    |  |                |                                 |  |             |                 |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <span style="float: right;">Date Daytime Phone #</span>   |                                 |   |   |   |                                 |      |                    |  |                |                                 |  |             |                 |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |