2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006
Secretary of State

DOCUMENT# 656769

Entity Name: MATUSEK, MCKNIGHT, POLUSE, CANGRO, P.A.

Current Principal Place of Business:

5235 16TH STR NO
ST PETERSBURG, FL 33703 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 7729
ST PETERSBURG, FL 337347729 US

New Mailing Address:

FEI Number: 59-1973131 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCKNIGHT, T. MICHAEL
5235 16TH STR NO
ST PETERSBURG, FL 33703 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: SD ( ) Delete
Name: POLUSE, JANET
Address: 313 BAY ARBOR BLVD
City-St-Zip: OLDSMAR, FL 34677

Title: PD ( ) Delete
Name: MATUSEK, IVAN,
Address: 12322 MALLORY DR
City-St-Zip: LARGO, FL 33774

Title: VTD ( ) Delete
Name: MCKNIGHT, T MICHAEL,
Address: 1355 PINELLAS BAYWAY #18
City-St-Zip: TIERRA VERDE, FL 33715

Title: D ( ) Delete
Name: CANGRO, LARRY
Address: 1898 77TH AVENUE NORTH
City-St-Zip: ST PETERSBURG, FL 33702

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MCKNIGHT, T. MICHAEL VTD 04/19/2006

Electronic Signature of Signing Officer or Director Date