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Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90007 021 ***158.75

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 694902

1. Entity Name
JAMES O CUNNINGHAM, P.A.

600149506

Principal Place of Business	Mailing Address
330 E CENTRAL ORLANDO, FL 32801-1921	330 E CENTRAL ORLANDO, FL 32801-1921

02082006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
3117 EDGEWATER DR.	3117 EDGEWATER DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORLANDO FL.	City & State: ORLANDO FL.
Zip: 32804 Country: USA	Zip: 32804 Country: USA

4. FEI Number: 59-2132241 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CUNNINGHAM, JAMES O. 330 E CENTRAL ORLANDO, FL 32801	Name: CUNNINGHAM JAMES O. (no change) Street Address (P.O. Box Number is Not Acceptable): 3117 EDGEWATER DRIVE City: ORLANDO FL Zip Code: 32804

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 ____________________
Signature, typed or printed name of registered agent and title if applicable. (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. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PRES	☐ Delete	TITLE	PRES.	☑ Change ☐ Addition
NAME	CUNNIGHAM, JAMES O		NAME	CUNNINGHAM, JAMES O. (OF ADDRESS)	
STREET ADDRESS	330 E. CENTRAL		STREET ADDRESS	3117 EDGEWATER DRIVE	
CITY-ST-ZIP	ORLANDO, FL 32801		CITY-ST-ZIP	ORLANDO, FL. 32804	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: James O. Cunningham 02-08-06 407. 425.2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #