2006 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 03, 2006 08:00 AM **Secretary of State DOCUMENT #697380** ROBISON R. HARRELL AND ASSOCIATES, P.A. Principal Place of Business Mailing Address 3 CLIFFORD DRIVE **3 CLIFFORD DRIVE** SHALIMAR, FL 32579 SHALIMAR, FL 32579 CR2E034 (11/05) 01312006 No Chg-P DO NOT WRITE IN THIS SPACE Applied Far 4. FEI Number 59-2113105 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent HARRELL, ROBISON R DO NOT WRITE 3 CLIFFORD DRIVE SHALIMAR, FL 32579 IN THIS SPACE 8. The above named emitty 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) 1000001418644 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be 02/14/06-80014-021 150.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE HARRELL, ROBISON R NAME 3 CLIFFORD DRIVE STREET ADDRESS CITY-ST-ZIP SHALIMAR, FL 32579. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ME IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP HALF NAME

12. Thereby certify that the information supplied with this filting does not quelify 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 cath, that I am an officer or director of the corporation or the receiver or flustee-lempowered to execute this report as required by Chapter 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an eadless, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CSTY-ST-ZIP

HE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/06 850 - 651-1111 Date Description Phone R

FILED