2006 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Apr 24, 2006 08:00 AN Secretary of State **DOCUMENT #698817** 1. Entity Name ALAN S. CHRISTNER, JR., P.A. Principal Place of Business Mailing Address 350 GULF BOULEVARD 350 GULF BOULEVARD P.O. BOX 1116 P.O. BOX 1116 INDIAN ROCKS BEACH, FL 34635 INDIAN ROCKS BEACH, FL 34635 No Chg-P CR2E034 (11/05) 01262006 DO NOT WRITE IN THIS SPACE Applied For 4. FFI Number 59-2121752 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CHRISTNER, ALAN S. JR. DO NOT WRITE 350 GULF BOULEVARD INDIAN ROCKS BEACH, FL 34635 IN THIS SPACE 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, lyped or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 18. TITLE U00000530365 05/05/06-80080-015 150.00 CHRISTNER, ALAN S., JR NAME 350 GULF BOULEVARD STREET ADDRESS INDIAN ROCKS BCH, FL CITY-ST-ZIP TITLE CHRISTNER, ALAN S., JR NAME 350 GULF BOULEVARD STREET ADDRESS CITY-ST-ZIP INDIAN ROCKS BCH, FL TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE

hereby certify that the information supplied with this filling does not quality 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 empowereqtic 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 attachmen

SIGNATURE:

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

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