## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 24, 2006 8:00 am Secretary of State

04-24-2006 90413 036 \*\*\*150 00

1. Entity Nam	MENT # F01430 DER "SANDY" MYERS, P.A.					90413 036 ***15!	0.00
Principal Plac	e of Business	Mailing Address	<del></del>	นูบบุง	,,,,,,		
_1655_PALM_BEACH LAKES_BLVD. 1655_PALM_BEACH LAKES_BLVD.							
SUITE 106 SUITE 106			CO DETO.	,			
WEST PALM BEACH, FL 33401 WEST PALM BEACH, FL 33401			118638 (7	#### 11811 #1626 1911 65	ii Rifii Sifii Fian Siru cian cia	1712 M 42 24	
2. Principal Place of Business 1665 PAIm Deach La Kesbyrd POBOX 2568							
Suite, Apt. #, etc. Suite, Apt. #, etc.				03222006	Chg-P	CR2E034 (11/05)	
WEST PALM BEACH, FL WEST PAIM BE			each, Fl	4. FEI Numb 59-202			oplied For ot Applicable
334	67 Country	33402	Country	5. Certificate	of Status Desired	□ \$8.75 Add Fee Require	ditional _
	6. Name and Address of Current F	Registered Agent		7. Name and	Address of New I	Registered Agent	
Name							
MYERS, ALEXANDER Street Address Street Address SUITE 106				ddress/P.O. Box Numb	(P.O. Box Number is Not Acceptable)		
WEST PALM BEACH, FL 33401				ITE 1000			·
Ci				est Palm 6	beach	FL Zip Coo	3401
8. The above	named entity submits his statement for	ine out observed changing its	registered office of	registered agent, or bo	th, in the State of F	lorida. I am familiar with,	and accept
0.7	ions of registered agency and	,					
SIGNATURE.	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	: Registered Agent signal	ure required when reinstaling)		DATE	
- 200	the second secon			1 , g ( a ) , a fair ( 6 ) ,	PRESIDENCE OF THE PROPERTY OF		,
FIL	E NOWIII FEE IS \$150:00 ay 1; 2006 Fee will be \$550.0	Trust Fund Contr	gn Financing d	\$5.00 May Be		To be did not not a	eriori Communication
10.	OFFICERS AND I	DIRECTORS	11.	ADDITIONS	CHANGES TO OF	FICERS AND DIRECTOR	S IN 11
TITLE	PD	☐ Delete	TITLE			Change Change	☐ Addition
NAME STREET ADDRESS	MYERS, ALEXANDER	106	NAME STREET ADDRESS	11des Palm B	each Lake	esbwo#1000	, !
			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE		<del></del>	☐ Change	Addition
NAME			NAME			_ •	
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP	•			
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	☐ Addition
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
THILE		☐ Delete	TITLE			☐ Change	Addition
NAME STREET ADDRESS			NAME				
I SUBSECT BUILDINGS	1		CIDELS CONCESS				
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			·	
1		☐ Delete				. Change	Addition
CITY-ST-ZIP		☐ Delete	CITY-ST-ZIP			. Change	Addition
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS		☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS			: Change	Addition
CITY-ST-ZIP  TITLE  NAME		☐ Delete	CITY-ST-ZIP TITLE NAME				Addition

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 of truestee ampowered 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, without other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

fuld 54 689 833)