
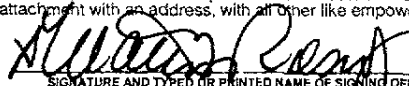


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 20, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # F04993</b> 1. Entity Name WALTER T. ROSE, JR., P.A.			
Principal Place of Business 101 NORTH ATLANTIC AVE. C/O WALTER T. ROSE, JR. COCOA BEACH, FL 32931		Mailing Address 101 NORTH ATLANTIC AVE. C/O WALTER T. ROSE, JR. COCOA BEACH, FL 32931	
<b>DO NOT WRITE IN THIS SPACE</b>		01032006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-2049180 Applied For Not Applicable	
<b>DO NOT WRITE IN THIS SPACE</b>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROSE, WALTER T., JR. 101 NORTH ATLANTIC AVE. COCOA BEACH, FL 32931			
<b>DO NOT WRITE IN THIS SPACE</b>			
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROSE, WALTER T., JR 101 N. ATLANTIC AVE COCOA BEACH, FL		
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TITLE NAME STREET ADDRESS 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		1/16/06 321 784-0147 Date Home Phone	