

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2006 8:00 am
Secretary of State

07-28-2006 90031 033 ***550.00

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DOCUMENT # F17272 1. Entity Name GEORGE H. DECARION, P.A.					
Principal Place of Business % GEORGE H DECARION 2655 LEJEUNE RD., SUITE 500 CORAL GABLES, FL 33134 US			Mailing Address % GEORGE H DECARION 2655 LEJEUNE RD., SUITE 500 CORAL GABLES, FL 33134 US		
2. Principal Place of Business 70 George H DeCarion Suite, Apt. #, etc. 3690 Allsborough Dr City & State Tucker GA Zip 30084 Country USA		3. Mailing Address 70 George H DeCarion Suite, Apt. #, etc. 3690 Allsborough Dr City & State Tucker GA Zip 30084 Country USA			
4. FEI Number 59-2052322				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent DECARION, GEORGE H 2655 LEJEUNE RD SUITE 500 CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent Name Jack G Admire Street Address (P.O. Box Number is Not Acceptable) 2555 Ponce de Leon Blvd #320 City Coral Gables FL Zip Code 33134		
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 <u>Jack G Admire</u> DATE <u>7/25/06</u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD DECARION, GEORGE H 2655 LEJEUNE RD #500 CORAL GABLES, FL		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD Decarion, George H 3690 Allsborough Dr Tucker GA 30084	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u>George H DeCarion</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>7/25/06</u>		Daytime Phone # <u>770-939-1309</u>