


2006 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 25, 2006 8:00 am
Secretary of State

01-25-2006 90029 050 ***150.00

DOCUMENT # F45562 1. Entity Name ALAN J. CIKLIN, P.A.	
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Principal Place of Business 515 NORTH FLAGLER DRIVE 17TH FLOOR - NORTHBRIDGE CENTRE WEST PALM BEACH, FL 33401	Mailing Address 515 NORTH FLAGLER DRIVE 17TH FLOOR - NORTHBRIDGE CENTRE WEST PALM BEACH, FL 33401
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DO NOT WRITE IN THIS SPACE



01092006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2114451	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CIKLIN, ALAN J
 515 NORTH FLAGLER DRIVE
 17TH FLOOR - NORTHBRIDGE CENTRE
 WEST PALM BEACH, FL 33401

DO NOT WRITE 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

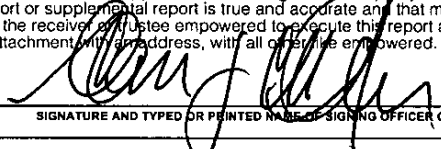
FILE NOW!!! FEB IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CIKLIN, ALAN J 515 N FLAGLER DR 17TH FL W PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 of the above empowered.

SIGNATURE:  Date: 1/26/06 Daytime Phone #: 561-832-5900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR