

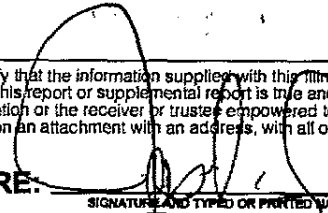


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 08, 2006 08:00 AM
Secretary of State**

DOCUMENT # F55082					
1. Entity Name JAMES A. SISSERSON, P. A.					
Principal Place of Business 1755 PINEAPPLE AVENUE MELBOURNE, FL 32935-7650 US		Mailing Address 1755 PINEAPPLE AVENUE MELBOURNE, FL 32935-7650 US			
DO NOT WRITE IN THIS SPACE					
			01192006 No Chg-P CR2E034 (11/05)		
			4. FEI Number 59-2135914		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 FRESE, GARY B. 1755 PINEAPPLE AVENUE MELBOURNE, FL 32935			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			DO NOT WRITE IN THIS SPACE 1100000425134 02/18/06-80082-005 150.00		
TITLE	DPS				
NAME	SISSERSON, JAMES A				
STREET ADDRESS	1755 PINEAPPLE AVENUE				
CITY-ST-ZIP	MELBOURNE, FL 00000,				
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE					
NAME					
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CITY-ST-ZIP					
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: 			2/5/06 3217520535		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		