
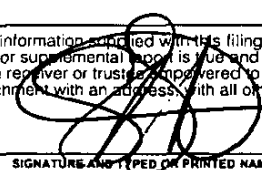


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90048 048 \*\*\*158.75

<b>DOCUMENT # F96000004919</b> 1. Entity Name <b>STANTON D. ANDERSON, P.C.</b>					
Principal Place of Business <b>325 CHILIAN PALM BEACH, FL 33480</b>			Mailing Address <b>325 CHILIAN PALM BEACH, FL 33480</b>		
2. Principal Place of Business <b>300 S. Ocean Blvd.</b>		3. Mailing Address <b>(same)</b>			
Suite, Apt. #, etc. <b>#3-C</b>		Suite, Apt. #, etc.			
City & State <b>Palm Beach, FL</b>		City & State			
Zip <b>33480</b>		Country <b>USA</b>		Zip	
Country <b>USA</b>		Zip		Country	
4. FEI Number <b>52-1225170</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ANDERSON, STANTON D 325 CHILIAN PALM BEACH, FL 33480</b>			7. Name and Address of New Registered Agent - - - Name <b>Stanton D. Anderson</b> Street Address (P.O. Box Number is Not Acceptable) <b>300 S. Ocean Blvd.</b> <b>#3-C</b> City <b>Palm Beach</b> <b>FL</b> Zip Code <b>33480</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 <u>Stanton D. Anderson, President</u> DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<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"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD ANDERSON, STANTON D 325 CHILIAN PALM BEACH, FL 33480 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres., Secretary & Director Stanton D. Anderson 300 S. Ocean Blvd., #3-C Palm Beach, FL 33480 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: 		<b>Stanton D. Anderson</b> <b>2-1-06</b> <b>202-756-8255</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

McDermott  
Will & Emery

ATTACHMENT

40018277  
#F 960000504919

Boston Brussels Chicago Düsseldorf London Los Angeles Miami Munich  
New York Orange County Rome San Diego Silicon Valley Washington, D.C.

February 21, 2006

Division of Corporations  
P. O. Box 6198  
Tallahassee, FL 32314

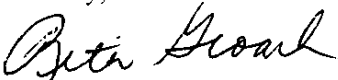
Re: Annual Reports

Dear Sir or Madam:

Enclosed is an annual report for a Professional Corporations at McDermott, Will & Emery, along with the filing fee for the report. After the report has been filed, please return the filed report to me in the self-addressed envelope that I have enclosed.

If you have any questions, my direct line is 312-984-6497. Thank you very much.

Sincerely,



Rita M. Groark  
Legal Assistant