2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 23, 2006 08:00 AM Secretary of State

1. Entity Nam	ROSENTHAL, CPA, P.A. e of Business Ma MORE LANE1	ailing Address 006 TRAILMORE LANE IESTON, FL 33326			Seci	ctary of State
DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent				01172096 No Chg-P CR2E034 (11/05) 4. FEI Number		
ROSENTAL, DAVID J., CPA 1006 TRAILMORE LANE WESTON, FL 33326			DO NOT WRITE IN THIS SPACE			
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 Signature, typed or printed name of registered agent and title it applicable. (NOTE Registered Agent signature required when reinstating). DATE						
FILE NOWILL FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.0 Trust Fund Contribution. Added				.00 May Be led to Fees		
TO. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT PD ROSENTHAL, DAVID J.,CPA 1006 TRAILMORE LANE WESTON, FL 33326	DTORS			0 00 0 01/30/0	100397301 16-80042-025 150.00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			<u>.</u>	IN '	THIS SF	PACE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		e e e e e e e e e e e e e e e e e e e				
12. Thereby certify that the information supplied with this filling 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: DAVID J. Rose that 1/7/06 954-349-6056 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR STATE OF THE PROPERTY OF THE P						