

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G27073

FILED
Jan 11, 2006
Secretary of State

Entity Name: FORTIN, LEAVY, SKILES, INC.

Current Principal Place of Business:

180 NE 168TH STREET
N MIAMI BCH, FL 33162

New Principal Place of Business:

180 NE 168TH STREET
NORTH MIAMI BEACH, FL 33162

Current Mailing Address:

180 NE 168TH STREET
N MIAMI BCH, FL 33162

New Mailing Address:

180 NE 168TH STREET
NORTH MIAMI BEACH, FL 33162

FEI Number: 59-2268540

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEAVY, JAMES W
180 NE 168 ST
N MIAMI BCH, FL 33162 US

Name and Address of New Registered Agent:

SKILES, CARL L
180 NE 168 ST
NORTH MIAMI BEACH, FL 33162 US

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.

SIGNATURE: CARL L. SKILES

01/11/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DVP () Delete
Name: FORTIN, DANIEL,
Address: 1100 SE 5TH AVENUE
City-St-Zip: POMPANO BEACH, FL 33060

Title: DT () Delete
Name: LEAVY, JAMES,
Address: 14714 PEACE RIVER WAY
City-St-Zip: WEST PALM BEACH, FL 33418

Title: PD () Delete
Name: SKILES, CARL,
Address: 6321 SW 5TH WEST 5TH PL.
City-St-Zip: PLANTATION, FL

Title: S () Delete
Name: LEAVY, RICHARD
Address: 2631 SW 136TH AVE
City-St-Zip: DAVIE, FL 33330

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVP (X) Change () Addition
Name: FORTIN, DANIEL C SR.
Address: 1100 SE 5TH AVENUE
City-St-Zip: POMPANO BEACH, FL 33060

Title: DT (X) Change () Addition
Name: LEAVY, JAMES W
Address: 14714 PEACE RIVER WAY
City-St-Zip: WEST PALM BEACH, FL 33418

Title: PD (X) Change () Addition
Name: SKILES, CARL L
Address: 6321 SW 5TH PLACE
City-St-Zip: PLANTATION, FL

Title: S (X) Change () Addition
Name: LEAVY, RICHARD L
Address: 2631 SW 136TH AVE
City-St-Zip: DAVIE, FL 33330

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARL L. SKILES

PD

01/11/2006

Electronic Signature of Signing Officer or Director

Date