2006 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # G52404 02-03-2006 90017 023 ***150.00 1. Entity Name ROBERT G. UDELL, P.A. Principal Place of Business Mailing Address 4UV-1331 SE OCEAN BLVD 1331 SE OCEAN BLVD STUART, FL 34996 STUART, FL 34996 01102006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2637711 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent UDELL, ROBERT G DO NOT WRITE 1331 SE OCEAN BLVD STUART, FL 34996 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE \$ \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS PD TITLE UDELL, ROBERT G NAME STREET ADDRESS 1331 SE OCEAN BLVD CITY-ST-ZIP STUART, FL 34996 TITLE NAME STREET ADDRESS CITY-ST-712 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7iP NAME STREET ADDRESS

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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/00/06

777-186-611

Daytime Phone €

FILED Feb 03, 2006 8:00 am