

2006 FOR PROFIT CORPORATION ANNUAL REPORT


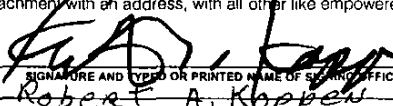
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Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90031 029 ***150.00

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02132006 Chg-P CR2E034 (11/05)

DOCUMENT # H07757					
1. Entity Name KOPPEN, WATKINS, PARTNERS & ASSOCIATES, A PROFESSIONAL ASSOCIATION					
Principal Place of Business 1025 S DIXIE HWY DELRAY BEACH, FL 33483			Mailing Address 1025 S DIXIE HWY DELRAY BEACH, FL 33483		
2. Principal Place of Business 900 W. LINTON BLVD. Suite, Apt. #, etc. SUITE 202		3. Mailing Address 900 W. LINTON BLVD. Suite, Apt. #, etc. SUITE 202			
City & State DELRAY BEACH, FL.		City & State DELRAY BEACH, FL.		4. FEI Number 59-2450368	
Zip 33444-8165	Country PALM BEACH	Zip 33444-8165	Country PALM BEACH	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KOPPEN, ROBERT A 1025 S DIXIE HWY DELRAY BEACH, FL 33483			7. Name and Address of New Registered Agent Name KOPPEN, ROBERT A. Street Address (P.O. Box Number is Not Acceptable) 900 W. LINTON BLVD. SUITE 202 City DELRAY BEACH FL Zip Code 33444-8165		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KOPPEN, ROBERT A 1025 S DIXIE HWY DELRAY BEACH, FL 33483	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KOPPEN, ROBERT A. 900 W. LINTON BLVD., SUITE 202 DELRAY BEACH, FL. 33444-8165	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KOPPEN, DANIEL R 1025 S LORDS DIXIE HWY DELRAY BEACH, FL 33483	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KOPPEN, R. DANIEL 900 W. LINTON BLVD., SUITE 202 DELRAY BEACH, FL. 33444-8165	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DVORACEK, JASON A 1025 S LORD'S DIXIE HWY DELRAY BEACH, FL 33483	<input checked="" 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:  Robert A. Koppen			2/15/06 561-279-9872 Date Daytime Phone #		