2006 FOR PROFIT CORPORATION

DO NOT WRITE IN THIS SPACE

ANNUAL REPORT

DOCUMENT # H20903

KAY FRANCIS, PROFESSIONAL ASSOCIATION



FILED Apr 24, 2006 08:00 A **Secretary of State**

Principal Place of Business

2699 STIRLING RD.

SUITE A105

FT. LAUDERDALE, FL 33312 US

Mailing Address

2699 STIRLING RD. SUITE A105

FT. LAUDERDALE, FL 33312 US

CR2E034 (11/05)

04192006 4. FEI Number

NOT APPLICABLE

No Chg-P

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FRANCIS, KAY 8618 BRIDLE PATH COURT **DAVIE, FL 33328**

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8. The above the obligat	named entity submits this statement for the pions of registered agent.	urpose of changing its registered of	fice or n	egistered agent, or bo	ith, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and life if	applicable. (NOTE: Registered Age	nt signature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Financing Trust Fund Contribution.	, _	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FRANCIS, KAY 8618 BRIDLE PATH CT DAVIE, FL 33328				unanonnaan
TITLE ² NAME STREET ADDRESS CITY-ST-ZIP					U00000533866 05/06/06-80138-025 150.00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				20. 2.2-10.1	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					Clouded State too. I further partity that the information

Interesty density that the information supplied with this litting boes not quality for the exemptions contained in Chapter 119, Florida Statutes, 1 further centry 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DE

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