2006 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 13, 2006 08:00 AM **DOCUMENT # H24391 Secretary of State** t. Enlity Name GEOFFREY W. DEVINE, D.C., P.A. Principal Place of Business Majiing Address % GEOFFREY W. DEVINE % GEOFFREY W. DEVINE 12146 CORTEZ BLVD 12146 CORTEZ BLVD BROOKSVILLE, FL 34613 BROOKSVILLE, FL 34613 01052006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2462060 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DEVINE, GEOFFREY W DO NOT WRITE 12146 CORTEZ BLVD BROOKSVILLE, FL 34613 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 trie if applicable. INOTE: Registered Agent signature required when religiating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME DEVINE, GEOFFREY W. STREET ADDRESS 8402 BRAGANZA SPRING HILL, FL 34608 CITY-ST-ZIP TITLE NAME STREET ADDRESS UUU0001464274 03/21/06 80110-014 150.00 CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE City-st-zip IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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:

STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OF DIRECTOR

Geoffrey W. Devine

3/3/06 352-596-1386

FILED

Date

Daytime Phone #