2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H33833

PARK, MICHÀÉL J

2201 NE COACHMAN RD., STE. 200

CLEARWATER, FL 33765

Name:

Address:

City-St-Zip:

FILED Apr 25, 2006 Secretary of State

Entity Name: PARK AND OSSIAN, P.A. **Current Principal Place of Business: New Principal Place of Business:** 2201 NE COACHMAN RD. SUITE 200 CLEARWATER, FL 33765 **Current Mailing Address: New Mailing Address:** P.O. BOX 5088 CLEARWATER, FL 33758 FEI Number: 59-2468632 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PARK, JOSEPH R 2201 N.E. COACHMAN RD. CLEARWATER, FL 33765 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: CDP () Delete () Change () Addition PARK, JOSEPH R Name: Name: 2201 N.E. COACHMAN RD. SUITE 200 Address: Address: City-St-Zip: CLEARWATER, FL 33765 City-St-Zip: () Delete Title: Title: () Change () Addition Name: OSSIAN, MARK A Name: 2201 N.E. COACHMAN RD. SUITE 200 Address: Address: CLEARWATER, FL 33765 City-St-Zip: City-St-Zip: () Delete Title: (X) Change () Addition Title: BARNAKY, J BRENT BARNAKY, J BRENT Name: Name: 2201 NE COACHMAN RD., STE. 200 2201 N.E. COACHMAN RD. SUITE 200 Address: Address: CLEARWATER, FL 33765 City-St-Zip: CLEARWATER, FL 33765 City-St-Zip: Title: () Delete Title: (X) Change () Addition

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.

Name:

Address:

City-St-Zip:

PARK, MICHAEL J

CLEARWATER, FL 33765

2201 N.E. COACHMAN RD. SUITE 200

SIGNATURE: JOSEPH R. PARK CDP 04/25/2006