


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 30, 2006 8:00 am
Secretary of State

05-30-2006 90041 021 ***150.00

DOCUMENT # H73562
 1. Entity Name
 BARBARA G. BANKS, P.A.



Principal Place of Business
 2405 UNIVERSITY DR.
 UNION PLANTER BANK CENTRE
 CORAL SPRINGS, FL 33065 US

Mailing Address
 2405 UNIVERSITY DR.
 UNION PLANTER BANK CENTRE
 CORAL SPRINGS, FL 33065 US

2. Principal Place of Business
 5421 University Drive
 Suite, Apt. #, etc.

3. Mailing Address
 5421 University Drive
 Suite, Apt. #, etc.



05242006 Chg-P CR2E034 (11/05)

City & State
 Coral Springs, Fl.

City & State
 Coral Springs, Fl.

Zip
 33067

Country
 USA

4. FEI Number
 59-2577344

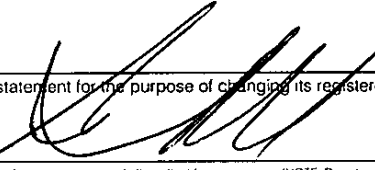
Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 WEINBERG, STEVEN
 7805 S.W. 6TH COURT
 PLANTATION, FL 33324

7. Name and Address of New Registered Agent
 Name: BARBARA BANKS
 Street Address (P.O. Box Number is Not Acceptable): 5421 UNIVERSITY DRIVE
 City: Coral Springs FL Zip Code: 33067

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:  DATE: 5/24/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

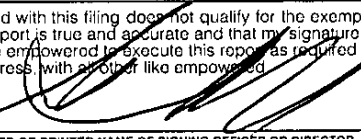
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BANKS, BARBARA G. 2405 UNIVERSITY DR CORAL SPRINGS, FL 33065	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BANKS, BARBARA G. 5421 UNIVERSITY DRIVE CORAL SPRINGS, FL 33067	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 another like empowered.

SIGNATURE:  DATE: 5/24/06 DAYTIME PHONE: 954-755-7803

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR