2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # H92494

1. Entity Name
EDWARD DARRAGH, P.A.

Principal Place of Business	Mailing Address
5353 N FEDERAL HWY #405 SUITE #405 FT. LAUDERDALE, FL 33308	5353 N FEDERAL HWY #405 SUITE #405 FT. LAUDERDALE, FL 33308

DO NOT WRITE IN THIS SPACE

01092006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-2647856	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DARRAGH, EDWARD
5353 N FEDERAL HWY #405
SUITE 405
FT. LAUDERDALE, FL 33308

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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 title if applicable.   (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
Trust Fund Contribution. ☐ | **$5.00** May Be
Added to Fees | |

10.   OFFICERS AND DIRECTORS

TITLE	DP
NAME	DARRAGH, EDWARD
STREET ADDRESS	5353 N FEDERAL HWY #405
CITY-ST-ZIP	FT. LAUDERDALE, FL

U00000471910
03/29/06-80015-016 150.00

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

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: X _____   X 3/15/200G

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #