2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J03354

Entity Name: NELSON W. MAUGHAN, P.A.

FILED Feb 07, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

% NELSON W. MAUGHAN
44 CYPRESS BLVD. W., SMW
HOMOSASSA, FL 34446 US

% NELSON W. MAUGHAN
44 CYPRESS BLVD. W.
HOMOSASSA, FL 34446 US

Current Mailing Address: New Mailing Address:

PO BOX 490

CRYSTAL RIVER, FL 34423 US

FEI Number: 59-2652699 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:

MAUGHAN, NELSON W.

44 CYPRESS BLVD. W., SMW
HOMOSASSA, FL 32646 US

MAUGHAN, NELSON W.
44 CYPRESS BLVD. W.
HOMOSASSA, FL 32646 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: 02/07/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Delete Title: DP (X) Change () Addition

 Name:
 MAUGHAN, NELSON W.,
 Name:
 MAUGHAN, NELSON W.,

 Address:
 44 CYPRESS BLVD. W., SMW
 Address:
 44 CYPRESS BLVD. W.

 City-St-Zip:
 HOMOSASSA, FL 34446 US
 City-St-Zip:
 HOMOSASSA, FL 34446 US

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.

SIGNATURE: NELSON W MAUGHAN DP 02/07/2006