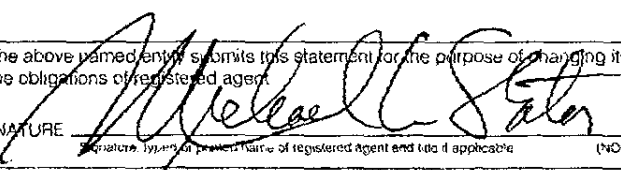
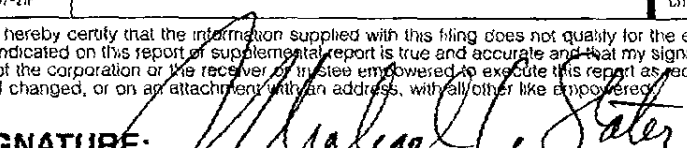


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # J18868 1. Entity Name SLATER & SLATER, CPA, P.A.					
Principal Place of Business 4400 NORTH FEDERAL HIGHWAY SUITE 210-51 BOCA RATON FL 33431 US			Mailing Address % M. SLATER 10 ATKINSON RD ROCKVILLE CENTRE NY 11570 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2712478	
6. Name and Address of Current Registered Agent SLATER, MICHAEL A % NORMAN WEINSTEIN 6850 GRENELEFE ROAD BOYNTON BEACH FL 33437				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 1/28/06	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May 1 Trust Fund Contribution. ☐ Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST SLATER, MICHAEL A. 10 ATKINSON RD ROCKVILLE CENTRE NY 11570	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST SLATER, MICHAEL A. 10 ATKINSON RD ROCKVILLE CENTRE NY 11570	☐ Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST SLATER, MICHAEL A. 10 ATKINSON RD ROCKVILLE CENTRE NY 11570	☐ Delete			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-06

Date: 1/28/06