2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 27, 2006 8:00 am Secretary of State

01-27-2006 90022 034 ***150 00

DOCUMENT # J29901 1. Entity Name LAW OFFICES OF JACK D. WARNER, P.A.						'	01-27-2006 90	J022 03 [,]	4 130.	.00
Principal Place of Business			Mailing Address							
1152 N. UNIVERSITY DR.			P.O. BOX 9256							
STE. 201	DINEC EL 3	13024	PEMBROKE PINES, FL 33084			}				
PEMBROKE PINES, FL 33024						l Indiin file i				
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			P. O. Box 849256 Suite, Apt. #, etc.				•			
Suite, Apt. #, etc.			Suite, Apr. #, etc.			01202006	Chg-P	CR2E0	34 (11/05)	
City & State			City & State			4. FEI Number			Ap	oplied For
			Hembroke 1	Pines		59-2712	<u> </u>			ot Applicable
Zip		Country	32081	Coun	$\Delta_{\mathbf{N}}^{(n)}$	5. Certificate of	of Status Desired		\$8.75 Add	ditional d
6. Name and Address of Current						Fee Required 7. Name and Address of New Registered Agent				
					Name					
WARNER, JACK D 1152 NORTH UNIVERSITY DR					Street Address (P.O. Box Number is Not Acceptable)					
STE. 201										
PEMBRO	KE PINES	, FL 33024								
					City			FL	Zip Cod	9
			or the purpose of changing its	registere	ed office or register	ed agent, or both	, in the State of Flo	rida. Lem i	familiar with,	and accept
the obligat	tions of regis	tered agent.								
SIGNATURE										
	Signature, typed	for printed name of registered agent	and title if applicable. (NOT	E: Registere	d Agent signature required	when reinstating)		DATE		
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12. Thereby certify that the information supplied with this liting does not quality for the exemptions contained in Chapter 119, Florida Statutes. Thereby certify that he information indicated on this report or suppliemental 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___

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/06 (954)4B1-8100