


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90220 025 ***150.00

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| DOCUMENT # J57288 |  |
| 1. Entity Name ALISON PAINTER & ASSOCIATES, PA. | |

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| Principal Place of Business 2753 STATE ROAD 580 SUITE 112 CLEARWATER, FL 33761 | Mailing Address 2753 STATE ROAD 580 SUITE 112 CLEARWATER, FL 33761 |
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| 2. Principal Place of Business 4056 Tampa Rd Suite, Apt. #, etc. | 3. Mailing Address 4056 Tampa Rd Suite, Apt. #, etc. |
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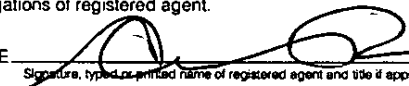
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|----------------------------|----------------------------|
| City & State Oldsmar FL | City & State Oldsmar FL |
| Zip 34677 | Country USA |

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| 04202006 Chg-P CR2E034 (11/05) | |
| 4. FEI Number 59-2764159 | Applied For Not Applicable |

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| 6. Name and Address of Current Registered Agent PAINTER, ALISON 2753 STATE ROAD 580 SUITE 112 CLEARWATER, FL 33761 | |
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| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4056 Tampa Rd City Oldsmar FL Zip Code 34677 | |

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  (NOTE: Registered Agent signature required when reinstating) DATE 4/19/06

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP PAINTER, ALISON 2753 STATE ROAD 580 #112 CLEARWATER, FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | President Painter, Alison 4056 Tampa Rd Oldsmar, FL 34677 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | 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"/> Delete | 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 all other like empowered.

SIGNATURE  DATE 4/19/06