

**- 2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90285 024 ***150.00

DOCUMENT # J94803

1. Entity Name
SAUNDERS & WALKER, P.A.



Principal Place of Business
**3491 GANDY BLVD. N
SUITE 200
PINELLAS PARK, FL 33781 US**

Mailing Address
**P.O. BOX 1637
PINELLAS PARK, FL 33780-1637 US**

60027903



04042006 Chg-P CR2E034 (11/05)

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|--------------------------------|---------|---------------------|---------|----------------------------------|---|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number | Applied For |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 59-2849101 | Not Applicable |
| City & State | | City & State | | 5. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |
| Zip | Country | Zip | Country | | |

| | | | |
|--|--|---|--|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| SAUNDERS, JOSEPH H 3491 GANDY BLVD., STE 200 PINELLAS PARK, FL 33781 | | 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| | |
|---|--|
| 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 |
|---|--|

| | | | |
|--|---|---|---|
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PST SAUNDERS, JOSEPH H 4916 62ND AVENUE SOUTH SAINT PETERSBURG, FL 33715 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: JOSEPH H. SAUNDERS, President *Joseph H. Saunders* 4/11/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # (727) 579-4500