


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 11, 2005 8:00 am**  
**Secretary of State**

03-11-2005 90313 044 \*\*\*150.00

<b>DOCUMENT # K23633</b> 1. Entity Name <b>DOINA HARRINGTON, P.A.</b>					
Principal Place of Business <b>223 ATLANTIC AVE</b> <b>#4A</b> <b>PALM BEACH, FL 33480 US</b>			Mailing Address <b>223 ATLANTIC AVE</b> <b>#4A</b> <b>PALM BEACH, FL 33480 US</b>		
2. Principal Place of Business <b>2000 Presidential Way</b> Suite, Apt. #, etc. <b>#604</b>		3. Mailing Address <b>P.O. Box 704</b> Suite, Apt. #, etc.			
City & State <b>West Palm Beach</b>		City & State <b>Palm Beach FL</b>		4. FEI Number <b>65-0047617</b>	
Zip <b>33401</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>HARRINGTON, DOINA HORNEA</b> <b>223 ATLANTIC AVE., #4A</b> <b>PALM BEACH, FL 33480</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>HARRINGTON, DOINA HORNEA</b> <b>223 ATLANTIC AVE., #4A</b> <b>PALM BEACH, FL 33480</b>		<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"/> Change <input type="checkbox"/> Addition		
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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 exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE: Doina H. Harrington, President March 9th, 2005 (561) 689-9722</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					