2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

DOCUMENT # K46224 1. Entity Name LYNN B. LEWIS, P.A. Principal Place of Business Mailing Address 1390 BRICKELL AVE 1390 BRICKELL AVE MIAMI, FL 33131 US MIAMI, FL 33131 US CR2E034 (11/05) 01232006 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number 65_0086739

FILED Feb 17, 2006 08:00 AM Secretary of State

Đ	O NOT WRITE IN	N THIS SPACE		4. FEI Numbe 65-008 5. Certificate			Applied For Not Applicable \$8.75 Additional Fee Required
	6. Name and Address of Current Regist	tered Agent					
LEWIS, LYNN B. 1390 BRICKELL AVE 280 MIAMI, FL 33131			DO NOT WRITE IN THIS SPACE				
	named entity submits this statement for the patients of registered agent. Signature, typed or printed name of registered agent and title in				th, in the State of Flo	rida. i an	n lamiliar with, and accept
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIRECT	CTORS		·- ·- ·	- :		
NAME STREET ADDRESS CITY-ST-ZIP	LEWIS, LYNN B. 1390 BRICKELL AVE, 280 MIAMI, FL 33131						
TITLE NAME STREET ADDRESS CATY-ST-ZEP					000000 02/28/06-	43781 80063	2 8-006 150 .0 0
INTLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RIT	E
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN ⁻	THIS SF	AC	E
TITLE NAME STREET ACCRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CUTY-SI-ZIP							
12. I hereby indicated of the corchanged	ortify that the information supplied with this fill on this report or supplemental report is true a portion of the receiver or trustee expowered to or on a stackment with a address, with all	ling does not qualify for the exemption and accurate and that my signature shift to execute titls report as required by a ther like empowered.	ns con all hav Chapt	tained in Chapter 118 e the same legal effec er 607, Florida Statute), Florida Statutes. I of as if made under o os; and that my name	further co path, that appears	ertily that the information I am an officer of director I in Block 10 or Block 11 if

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR