


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90042 043 ***150.00

DOCUMENT # K86789	
1. Entity Name WIEBEL, HENNELLS & CARUFE, P.A.	

Principal Place of Business 9240 BONITA BEACH RD STE 200 BONITA SPRINGS, FL 34135 US	Mailing Address 9240 BONITA BEACH RD STE 200 BONITA SPRINGS, FL 34135 US
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60013400



2. Principal Place of Business 9420 Bonita Beach Rd Suite, Apt. #, etc. Suite 200 City & State Bonita Springs, FL Zip 34135 Country USA	3. Mailing Address 9420 Bonita Beach Rd Suite, Apt. #, etc. Suite 200 City & State Bonita Springs, FL Zip 34135 Country USA
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02012006 Chg-P CR2E034 (11/05)

4. FEI Number 65-0116709	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WIEBEL, DOUGLAS E 9240 BONITA BEACH RD STE 200 BONITA SPRINGS, FL 34135	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 9420 Bonita Beach Rd. Ste 200 City Bonita Springs FL Zip Code 34135
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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 reappointing) DATE: _____

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 WIEBEL, DOUGLAS E 9420 BONITA BEACH RD, STE 200 BONITA SPGS, FL 34135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9420 Bonita Beach Rd, Ste 200
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HENNELLS, SCOTT D 9420 BONITA BEACH RD, STE 200 BONITA SPRINGS, FL 34135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9420 Bonita Beach Rd, Ste 200
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CARUFE, NELIDA 9420 BONITA BEACH RD, STE 200 BONITA SPRINGS, FL 34135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9420 Bonita Beach Rd, Ste. 200
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
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: *Douglas E. Wiebel* **Douglas E. Wiebel** 2/7/06 239-992-6211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #