

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2006 8:00 am
Secretary of State

05-12-2006 90025 026 ***150.00

DOCUMENT # K89022 1. Entity Name T. S. JAEGER, P.A.					
Principal Place of Business 300 SW 2 ST 1ST FLOOR NO FORT LAUDERDALE, FL 33312 US			Mailing Address 300 SW 2 ST 1ST FLOOR NO FORT LAUDERDALE, FL 33312 US		
2. Principal Place of Business 3313 W. COMMERCIAL BLVD. Suite, Apt. #, etc. STE 190		3. Mailing Address 3313 W. COMMERCIAL BLVD Suite, Apt. #, etc. STE 190			
City & State FORT LAUDERDALE, FL.		City & State FORT LAUDERDALE, FL.		4. FEI Number 65-0122766	
Zip 33309		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JAEGER, THOMAS S. 300 SW 2 STREET 1ST FLOOR NO FORT LAUDERDALE, FL 33312				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3313 W. COMMERCIAL BLVD STE 190 City FORT LAUDERDALE, FL Zip Code 33309	
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: <u>Thomas S. Jaeger</u> <small>Signature, typed or printed name of registered agent and title (Applicable).</small>				DATE: <u>5/9/06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JAEGER, THOMAS S. 300 SW 2 ST STE 1 FORT LAUDERDALE, FL 33312	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S YAWYUE, ARLENE 300 SW 2 ST STE 1 FORT LAUDERDALE, FL 33312	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
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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: <u>Thomas S. Jaeger</u> THOMAS S. JAEGER <u>5/9/06</u> <u>9544854448</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					