2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE

SIGNATURE: _

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

DOCUMENT # K96938 1. Entity Name KLAGES & ASSOCIATES, INC.						04-12-2006 90075 022 ***150.00				
Principal Place of Business 405 N. REO STREET STE. 100 TAMPA, FL 33609			Mailing Address 405 N. REO STREET STE. 100 TAMPA, FL 33609			400	- Bigit gigit gigit	EIBH BISH BIB		
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04072006	Chg-P .	CR2E03	4 (11/05)	
City & State			City & State		4. FEI Number 59-296	er 7108	•		oplied For ot Applicable	
Zip 	Country		Zip Count		itry		of Status Desired		8.75 Add ee Require	
, , , , , , , , , , , , , , , , , , ,	6. Name	and Address of Current F		7. Name and Address of New Registered Agent Name						
EVANS, ILENE CLAIRE 600 SOUTH MAGNOLIS AVE.					Street Address (P.O. Box Number is Not Acceptable) 405 N. Reo Street, Suite 100					
STE. 350 TAMPA, FL 33606						Keo Str	set, buile	100		
					City Tampa			FL	Zip Cod 336	ຶດ9
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 Signature, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent aignature required when reinstating) DATE										
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution.						5.00 May Be ded to Fees				•
10.		OFFICERS AND I			ADDITIONS	CHANGES TO OFFI				
NAME STREET ADDRESS CITY-ST-ZIP	PDC EVANS, II 405 N. RE TAMPA, F	O STREET, SUITE 100	☐ Oclete		1				☐ Change	Addition
TITLE NAME STREET ADDRESS	STV Delete KLAGES, WALTER J. 405 N. REO STREET, SUITE 100			TITLI NAM STRE	4				☐ Change	Addition
CITY-ST-ZIP	TAMPA, FL 33609				-ST-ZIP		<u>. </u>			
TITLE NAME STREET ADDRESS CITY-S1-ZIP			☐ Delete		1				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		_				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delcte						☐ Change	☐ 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.										

Date

Daytime Phone #