



**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 24, 2006 08:00 AM
Secretary of State**

DOCUMENT # L22650		
1. Entity Name LINDA KLIMEIKA, P.A.		
Principal Place of Business 428 GREENBRIAR DR LAKE PARK, FL 33403-2621		Mailing Address 428 GREENBRIAR DR LAKE PARK, FL 33403-2621
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent KURTZ, JOHN W 721 U S HWY ONE SUITE 121 NORTH PALM BEACH, FL 33408-4519		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> 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
10. OFFICERS AND DIRECTORS		
TITLE	PDS	
NAME	KLIMEIKA, LINDA	
STREET ADDRESS	428 GREENBRIAR DRIVE	
CITY-ST-ZIP	LAKE PARK, FL 334032621	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: 		4/21/06 561-774-1021
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>



02042006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0155768	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

U00000526331
05/04/06-80070-015 150.00

**DO NOT WRITE
IN THIS SPACE**