2006 FOR PROFIT CORPORATION

Jan 20, 2006 8:00 am **ANNUAL REPORT Secretary of State DOCUMENT # L40032** 01-20-2006 90025 031 ***150.00 1. Entity Name VIRGIL A. JUDAH, C.P.A., P.A. Principal Place of Business Mailing Address 12811 KENWOOD LANE 12811 KENWOOD LANE **STE 209** STE 209 FORT MYERS, FL 33907 FORT MYERS, FL 33907 US 01132006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0168950 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent JUDAH, VIRGIL A. DO NOT WRITE 12811 KENWOOD LANE **STE 209** IN THIS SPACE FORT MYERS, FL 33097 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE JUDAH, VIRGIL A. NAME 12811 KENWOOD LANE #209 STREET ADDRESS FORT MYERS, FL 33907 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAMÉ STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling 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 of 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 attachmen

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE:



FILED