


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L43081**  
 1. Entity Name  
**LARRY A. GERSON, C.P.A., P.A.**



Principal Place of Business      Mailing Address  
**8895 N. MILITARY TRAIL**      **8895 N. MILITARY TRAIL**  
**STE 203-D**      **STE 203-D**  
**PALM BEACH GARDENS, FL 33410 US**      **PALM BEACH GARDENS, FL 33410 US**

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01042006    No Chg-F    CR2E034 (11/05)

4. FEI Number      Applied For  
**65-0167154**      Not Applicable

5. Certificate of Status Desired        **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**GERSON, LARRY A.**  
**8895 N. MILITARY DR.**  
**SUITE 203-D**  
**PALM BEACH GARDENS, FL 33410**

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00 May Be Added to Fees**

UN0000536672  
 05/08/06-80097-020 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GERSON, LARRY A.
STREET ADDRESS	8895 N MILITARY DR STE 203-D
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Larry A. Gerson      4/24/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #