
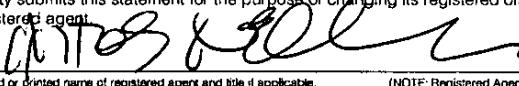
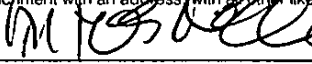


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 09, 2006 8:00 am**  
**Secretary of State**

03-09-2006 90149 019 \*\*\*150.00

<b>DOCUMENT # L94196</b> 1. Entity Name <b>THOMAS N. SILVERMAN, P.A.</b>					
Principal Place of Business <b>4400 PGA BLVD. SUITE 102 PALM BCH. GARDENS, FL 33410 US</b>			Mailing Address <b>4400 PGA BLVD. SUITE 102 PALM BCH. GARDENS, FL 33410 US</b>		
2. Principal Place of Business <b>3801 PGA BLVD. Suite, Apt. #, etc. SUITE 902 PALM BEACH GARDENS, FL</b>		3. Mailing Address <b>3801 PGA BLVD. Suite, Apt. #, etc. SUITE 902 PALM BEACH GARDENS, FL</b>			
City & State <b>PALM BEACH GARDENS, FL</b>		City & State <b>PALM BEACH GARDENS, FL</b>		4. FEI Number <b>65-0212664</b>	
Zip <b>33410</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>SILVERMAN, THOMAS N. 4400 PGA BLVD. SUITE 102 PALM BCH. GARDENS, FL 33410</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>3801 PGA BLVD. SUITE 902</b> City <b>PALM BEACH GARDENS</b> <b>FL</b> Zip Code <b>33410</b>	
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:  <span style="float: right;">3/6/06</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTV SILVERMAN, THOMAS N. 4400 PGA BLVD., SUITE 102 PALM BCH. GARDENS, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTV SILVERMAN, THOMAS N. 3801 PGA BLVD., SUITE 902 PALM BEACH GARDENS, FL 33410	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 time like empowered.					
SIGNATURE: 		Thomas N. Silverman		03/6/06 (561) 775-7500	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

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01122006 Chg-P CR2E034 (11/05)