


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2006 8:00 am
Secretary of State

01-26-2006 90039 016 ***150.00

DOCUMENT # M21484	
1. Entity Name SPENCER AND KLEIN, PROFESSIONAL ASSOCIATION	

Principal Place of Business TWO ALHAMBRA PLAZA PENTHOUSE II B CORAL GABLES, FL 33134	Mailing Address TWO ALHAMBRA PLAZA PENTHOUSE II B CORAL GABLES, FL 33134
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2. Principal Place of Business P.O. Box 144640	3. Mailing Address P.O. Box 144640
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State Coral Gables, FL	City & State Coral Gables, FL
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Zip 33114-4640	Country U.S.A.	Zip 33114-4640	Country U.S.A.
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01232006 Chg-P CR2E034 (11/05)

4. FEI Number 59-2626836	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
KLEIN, BRENT D. TWO ALHAMBRA PLAZA PENTHOUSE II B CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent
Name Brent D. Klein
Street Address (P.O. Box Number is Not Acceptable) Suite 1900 701 Brickell Avenue
City Miami
State FL
Zip Code 33131

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]* DATE January 24, 2006
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SPENCER, THOMAS R TWO ALHAMBRA PLAZA, PENTHOUSE IIB CORAL GABLES, FL 33134 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST KLEIN, BRENT D TWO ALHAMBRA PLAZA, PENTHOUSE IIB CORAL GABLES, FL 33134 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Spencer, Thomas R. 2100 Ponce de Leon Suite 1170 Coral Gables, FL 33134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST Klein, Brent D. 701 Brickell Avenue Suite 1900 Miami, FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 other like empowered.

SIGNATURE: Brent D. Klein *[Signature]* 1/24/06 305-789-2772
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #