2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Jan 27, 2006 08:00 AM Secretary of State DOCUMENT # M35092 1. Entity Name BONNIE L. RODDENBERRY, P.A. Principal Place of Business Mailing Address C/O BONNIE L. RODDENBERRY 285 RADA COURT CORAL GABLES FL 33143 C/O BONNIE L. RODDENBERRY 285 RADA COURT CORAL GABLES FL 33143 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-2696861 Not A*pplica*E∴ Zip Country Zıp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RODDENBERRY, BONNIE L. Street Address (P.O. Box Number is Not Acceptable) 285 RADA COURT CORAL GABLES FL 33143 City 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 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TIRE ☐ Delete TITLE Change A..... MAME RODDENBERRY, BONNIE L. NAME STREET ADDRESS 285 RADA COURT STREET ADDRESS |90900406755 |97765-80103-006 150.00 CORAL GABLES FL 33143 CITY-ST-ZIP DITY-ST-7/P TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-789 CITY-ST-ZIP THUE ☐ Delete TITLE ☐ Change ☐ Adi@iii NAME **TMAN** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change □ All NAME NAME STREET ADDRESS STHEET ADDRESS CITY-ST-ZIP CITY - ST- ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addigar NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

Bonnie L. Reddenberg

**FILED**