2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State
03-06-2006 90011 028 ***150.00

02232006 Chg-P CR2E034 (11/05)

DOCUMENT # M44334

1. Entity Name
JAMES D. GILBERT, C.P.A., P.A.

Principal Place of Business	Mailing Address
600 WEST HILLSBORO BLVD SUITE #510 DEERFIELD BEACH, FL 33441 US	600 WEST HILLSBORO BLVD SUITE #510 DEERFIELD BEACH, FL 33441 US

	2. Principal Place of Business	3. Mailing Address
Street	350 JIM MORAN BOULEVARD	350 JIM MORAN BOULEVARD
Suite, Apt. #, etc.	SUITE 220	SUITE 220
City & State	DEERFIELD BEACH, FL	DEERFIELD BEACH, FL
Zip	33442	33442
Country	U.S.A.	U.S.A.

4. FEI Number: 59-2749671 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GILBERT, JAMES D
600 W HILLSBORO BLVD
STE 510
DEERFIELD BCH, FL 33441

7. Name and Address of New Registered Agent
Name: GILBERT, JAMES D.
Street Address (P.O. Box Number is Not Acceptable): 350 JIM MORAN BOULEVARD
SUITE 220
City: DEERFIELD BEACH, FL Zip Code: 33442

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
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GILBERT, JAMES D. 600 W HILLSBORO BLVD DEERFIELD BCH, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GILBERT, JAMES D. 350 JIM MORAN BOULEVARD, SUITE 220 DEERFIELD BEACH, FL 33442	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: [signature] JAMES D. GILBERT 3/2/06 (954) 419-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #