2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Jan 26, 2006 8:00 am Secretary of State DOCUMENT # M44892 01-26-2006 90035 046 ***150.00 1. Entity Name EDWARD E. LEVINSON P.A. Principal Place of Business Mailing Address C/O EDWARD E. LEVINSON C/O EDWARD E. LEVINSON 407 LINCOLN RD, PENTHOUSE EAST 407 LINCOLN RD, PENTHOUSE EAST MIAMI BCH., FL 33139 MIAMI BCH., FL 33139 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. 01032006 Chg-P CR2E034 (11/05) 07 LINCOLN Rd OTLINCOLN Rd-PH-SE Applied For 4. FEI Number 59-2779606 Not Applicable Zip Country Zip 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 LEVINSON, EDWARD E. Street Address (P.O. Box Number is Not Acceptable) 407 LINCOLN RD, PENTHOUSE EAST MIAMI BCH., FL 33139 Zip Code FL 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, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Addition ☐ Delete TITLE Change 407 LIDEOIN PL, PH-SE. MIAM: BEACH, FL 33/39 Grange HOT LINCOIN RL, PH-SE. MIAM: BEACH, FL 33/39. NAME LEVINSON, EDWARD E. NAME STREET ADDRESS 407 LINCOLN RD PH EAST STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33139 CITY-ST-ZIP TITLE Delete TITLE Addition NAME LEVINSON, NEIL H NAME STREET ADDRESS 407 LINCOLN RD PH EAST STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33139 CITY-ST-ZIP TITLE ☐ Delete ΠΩ€ NAME NAME STREET ADDRESS STREET 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 Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-S1-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 impowered.

FILED