

2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 11, 2006
Secretary of State**

DOCUMENT# M68121

Entity Name: JAMES R. BRAUSS, P.A.

Current Principal Place of Business:

1528 4 AVENUE
FT. LAUDERDALE, FL 33304 US

New Principal Place of Business:

1528 NE 4 AVENUE
FT. LAUDERDALE, FL 33304 US

Current Mailing Address:

% SANDRA BRAUSS
1528 NE 4 AVENUE
FT. LAUDERDALE, FL 33304 US

New Mailing Address:

FEI Number: 65-0033562 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRAUSS, SANDRA
1528 N.E. 4TH AVE.
FT. LAUDERDALE, FL 33304 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BRAUSS, JAMES R. DR,
Address: 1528 NE 4TH AVENUE
City-St-Zip: FT. LAUDERDALE, FL

Title: VTS () Delete
Name: BRAUSS, SANDRA MRS.,
Address: 1528 NE 4TH AVE
City-St-Zip: FT. LAUDERDALE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MRS. SANDRA BRAUSS

VTS

01/11/2006

Electronic Signature of Signing Officer or Director

_____ Date