2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002383

Entity Name: CPA SOLE PRACTITIONERS, INC.

Jul 29, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

367 OSBORNE DR NE

FORT WALTON BEACH, FL 32548 US

Current Mailing Address: New Mailing Address:

367 OSBORNE DR NE

FORT WALTON BEACH, FL 32548 US

FEI Number: 59-3183991 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

STECKLEIN, MONIQUE M MAGDIC, ANNE E

367 OSBORNE DR NE 12 MIRACLE STRIP PKWY

FORT WALTON BEACH, FL 32548 US STE 101 FORT WALTON BEACH, FL 32548 US

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: ANNE E MAGDIC 07/29/2006

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

STECKLEIN, MONIQUE M MAGDIC, ANNE E Name: Name: 367 OSBORNE DR NE Address: 12 MIRACLE STRIP PKWY, STE 101 Address: City-St-Zip: FORT WALTON BEACH, FL 32548 City-St-Zip: FORT WALTON BEACH, FL 32548

Title: () Delete Title: (X) Change () Addition LAMALIE, GARY L Name: LAMALIE, GARY L Name:

Address: 430 BRYN ATHYN RD Address: 430 BRYN ATHYN RD City-St-Zip: MARY ESTHER, FL 32569 City-St-Zip: MARY ESTHER, FL 32569

Title: () Delete Title: (X) Change () Addition HOCK, HAROLD G YOUNG, DOUG Name: Name:

40 S. BEAL PKWY. 151 REGIONS WAY Address: Address: City-St-Zip: FT. WALTON BEACH, FL City-St-Zip: DESTIN, FL 32541

Title: PD () Delete Title: (X) Change () Addition

Name: WELCH, WILLIAM P Name: WELCH, WILLIAM P Address: 31 WALTER MARTIN RD Address: 31 WALTER MARTIN RD

City-St-Zip: FORT WALTON BEACH, FL 32548 City-St-Zip: FORT WALTON BEACH, FL 32548

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANNE E MAGDIC Т 07/29/2006