2006 FOR PROFIT CORPORATION

ANNUAL REPORT

STREET ADDRESS 2855 FIFTH AVE SOUTH

ST PETERSBURG, FL 33701

CITY-ST-ZIP



FILED

Apr 26, 2006 8:00 am Secretary of State

04-26-2006 90214 042 ***150.00

1. Entity Nan	MENT # N9400(CHILDREN'S PHYSIC BANIZATION, INC.				0017744			
Principal Plac	ce of Business	Mailing Address		40	064333			
Principal Place of Business 801 SIXTH STREET SOUTH ST PETERSBURG, FL 33701		801 SIXTH STREET SOUTH ST PETERSBURG, FL 3370						
								HIII
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03242006	Chg-P	CR2E034	(11/05)	
City & State		City & State		4. FEI Numb				plied For t Applicable
Zip	Country	Zip C	Country	5. Certificate	of Status Desired		.75 Add Required	itional
	6. Name and Address of Current	Registered Agent		7. Name and	Address of New R			
MASTRY N. DONAL R ESQ				MASTRY N. DO	NALD R ESC	Ω		
HOLLAN	ID & KNIGHT		Street Add	dress (P.O. Box Numb FRENAM KEMI	er is Not Acceptable	3)		
ONE PROGRESS PLAZA, SUITE 1600				ONE PROGRE		UITE 1600)	
ST PETERSBURG, FL 33701				City ST PETERSBURG FL Zip Code 33701				<u></u> ប្រំ1
The above	named entity submits this statement in	r the purpose of changing its regi	stered office or re	egistered agent, or bo	th, in the State of Fig	vida. I am fami	iliar with,	and accept
the obligation	tions of registered agent. Signature, typed or printed name of registered egent of			e required when rainstaling)		DATE		
the obligation of the obligati	tions of registered agent.	nd tile i applicable (NOTE Reg	istered Agent signature			DATE	<u>-</u>	
SIGNATURE. FIL After M	Signature, typed or printed name of registered egent of POWIII FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00 OFFICERS AND	9. Election Campaign F Trust Fund Contribut	istered Agent signature	\$5.00 May Be Added to Fees ADDITIONS	CHANGES TO OFF			S IN 11
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12. Thereby 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 eath; 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:	and Cluns		WAYNEC WRAY	4/25/06	727-767-4348
BIGNATURÉA	NO TYPED OR PRINTED NAME OF	SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #