

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2006 8:00 am**  
**Secretary of State**

03-14-2006 90025 027 \*\*\*\*50.00  
03-24-2006 90036 008 \*\*\*100.00

**50005419**



03082006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # P00000002887</b> 1. Entity Name <b>DONNA NADEAU ADAMS, P.A.</b>					
Principal Place of Business <b>3300 PGA BLVD. SUITE 500 PALM BEACH GARDENS, FL 33410</b>			Mailing Address <b>3300 PGA BLVD. SUITE 500 PALM BEACH GARDENS, FL 33410</b>		
2. Principal Place of Business <b>400 Village Square Crossing Suite, Apt. #, etc. Suite 2D</b>		3. Mailing Address <b>400 Village Square Crossing Suite, Apt. #, etc. Suite 2D</b>			
City & State <b>Palm Beach Gardens, FL</b>		City & State <b>Palm Beach Gardens, FL</b>			
Zip <b>33410</b>		Country <b>USA</b>		Zip <b>33410</b>	
Country <b>USA</b>		Country <b>USA</b>			
4. FEI Number <b>65-0972939</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75</b> Additional Fee Required		
6. Name and Address of Current Registered Agent  <b>ADAMS, DONNA NADEAU 3300 PGA BLVD. SUITE 500 PALM BEACH GARDENS, FL 33410</b>			7. Name and Address of New Registered Agent Name <b>Donna Nadeau Adams</b> Street Address (P.O. Box Number is Not Acceptable) <b>400 Village Square Crossing</b> <b>Suite 2D</b> City <b>Palm Beach Gardens</b> <b>FL</b> Zip Code <b>33410</b>		
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 <b>President</b> <span style="float: right;">3/8/06</span> <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE <b>D</b> NAME <b>ADAMS, DONNA NADEAU</b>	<input type="checkbox"/> Delete		TITLE <b>Managing Member Pres.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS <b>3300 PGA BLVD., SUITE 500</b>			STREET ADDRESS <b>400 Village Square Crossing, Suite 2D</b>		
CITY-ST-ZIP <b>PALM BEACH GARDENS, FL 33410</b>			CITY-ST-ZIP <b>Palm Beach Gardens, FL 33410</b>		
TITLE 	<input type="checkbox"/> Delete		TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME 			NAME 		
STREET ADDRESS 			STREET ADDRESS 		
CITY-ST-ZIP 			CITY-ST-ZIP 		
TITLE 	<input type="checkbox"/> Delete		TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME 			NAME 		
STREET ADDRESS 			STREET ADDRESS 		
CITY-ST-ZIP 			CITY-ST-ZIP 		
TITLE 	<input type="checkbox"/> Delete		TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME 			NAME 		
STREET ADDRESS 			STREET ADDRESS 		
CITY-ST-ZIP 			CITY-ST-ZIP 		
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: <b>President</b>			<b>3/8/06</b> <b>561-624-9480</b> <small>Date Daytime Phone</small>		



ATTACHMENT  
50005419

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 16, 2006

DONNA NADEAU ADAMS, P.A.  
400 VILLAGE SQ CROSSING  
SUITE 2D  
PALM BEACH GARDENS, FL 33410

Subject: DONNA NADEAU ADAMS, P.A.

Reference Number: P00000002887

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the enclosed profit annual report/uniform business report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$100.00.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/RM  
ANNUAL REPORTS SECTION