


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90071 047 \*\*\*150.00

**DOCUMENT # P0000079296**

1. Entity Name  
**12545 CORPORATION**



Principal Place of Business      Mailing Address

**5015 WILES RD., #208  
 COCONUT CREEK FL 33073**      **5015 WILES RD., #208  
 COCONUT CREEK FL 33073**



2. Principal Place of Business      3. Mailing Address

*9124 SW 51st Rd.*      *9124 SW 51st Rd*

Suite, Apt. #, etc.      Suite, Apt. #, etc.

*Suite B 202*      *Suite B 202*

City & State      City & State

*Gainesville FL*      *Gainesville FL*

Zip      Country      Zip      Country

*32608*      *USA*      *32608*      *USA*

1st MOORE      CR2E034 (10/05)

6. Name and Address of Current Registered Agent

**DEREE, MICHAEL  
 5015 WILES RD., #208  
 COCONUT CREEK FL 33073**

4. FEI Number      Applied For

**65-1035835**       Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

*9124 SW 51st Rd.*

*Suite B 202*

City      State      Zip Code

*Gainesville*      **FL**      *32608*

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: *[Signature]*      DATE: *1/25/06*

Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
 After May 1, 2006 Fee Will Be \$550.00  
 Make Check Payable to Florida Department of State

9. Election Campaign Financing      \$5.00 May Be Added to Fees

Trust Fund Contribution.     

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ANDREWS, PAULETTE	
STREET ADDRESS	5015 WILES RD., #208	
CITY-ST-ZIP	COCONUT CREEK FL 33073	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<i>9124 SW 51st Rd., Suite B 202</i>	
CITY-ST-ZIP	<i>GAINESVILLE, FL 32608</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Paulette Andrews*      DATE: *1/25/06*      PHONE: *954-205-8246*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #