

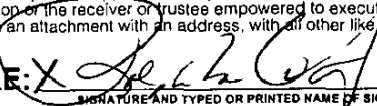


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-06-2006 90011 042 \*\*\*150.00

<b>DOCUMENT # P00000080894</b> 1. Entity Name <b>LAW OFFICES OF RALPH M. VITOLA, P.A.</b>					
Principal Place of Business <b>201 SOUTH MAIN STREET BROOKSVILLE, FL 34601-3337 US</b>			Mailing Address <b>C/O GRUBER AND ASSOCIATES, P.A. 6550 NORTH FEDERAL HIGHWAY, SUITE 522 FORT LAUDERDALE, FL 33308-1417 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>201 SOUTH MAIN ST.</b> Suite, Apt. #, etc.		  02022006    Chg-P    CR2E034 (11/05)	
City & State		City & State <b>BROOKSVILLE FL</b>			
Zip      Country		Zip      Country <b>34601      USA</b>			
4. FEI Number <b>65-1037152</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent  <b>VITOLA, RALPH M 201 SOUTH MAIN STREET BROOKSVILLE, FL 34601-3337</b>	
7. Name and Address of New Registered Agent Name					
Street Address (P.O. Box Number is Not Acceptable)					
City <b>FL</b> Zip Code					
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 _____ (NOTE: Registered Agent signature required when reinstating)      DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST VITOLA, RALPH M 201 SOUTH MAIN STREET BROOKSVILLE, FL 346013337 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE: X</b> 			<b>RALPH M. VITOLA</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <b>3/1/06</b> Daytime Phone #		