2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2006 8:00 am
Secretary of State
04-26-2006 90177 032 ***150.00

DOCUMENT # P00000088153

1. Entity Name

ACORDIA CENTER, INC.

Principal Place of Business	Mailing Address
316 N. DIXIE HWY LAKE WORTH FL 33460	1320 NEW WORLD AVENUE LANTANA FL 33462-1410

1st MOORE CR2E034 (10/05)

2. Principal Place of Business		3. Mailing Address	
1701 LAKE WORTH RD.		1320 NEW WORLD AVE	
Suite, Apt. #, etc. # 9		Suite, Apt. #, etc. —	
City & State LAKE WORTH		City & State LANTANA, FLORIDA	
Zip 33460	Country PALM BEACH	Zip 33462	Country PALM BEACH

4. FEI Number 65-1038098 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VAISANEN, JUHA K 1320 NEW WORLD AVE. LANTANA FL 33462	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 ______________________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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 Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BRINER, PIRKKO A		NAME		
STREET ADDRESS	1320 NEW WORLD AVE.		STREET ADDRESS		
CITY-ST-ZIP	LANTANA FL 33462-1410		CITY-ST-ZIP		
TITLE	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	VAISANEN, JUHA K		NAME		
STREET ADDRESS	1320 NEW WORLD AVE		STREET ADDRESS		
CITY-ST-ZIP	LANTANA FL 33462-1410		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ 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 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: Juha K. Vaisanen JUHA K. VAISANEN 04/26/2006 (561) 585-3320
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Check # 1063