2006 FOR PROFIT CORPORATION

changed, or on an attachment with an address, with all oth

SIGNATURE AND TYPES OR PRINTED

SIGNATURE:

Mar 30, 2006 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P00000095872 03-30-2006 90015 020 ***150.00 ROBERT B. BAKER, P.A. Principal Place of Business Mailing Address 6100 GLADES RD, SUITE 301 6100 GLADES RD, SUITE 301 BOCA RATON, FL 33434 BOCA RATON, FL 33434 2. Principal Place of Business 3. Mailing Address 6991 N. StateRd 7, 2nd FL <u>6991 N.StateRa7</u> CR2E034 (11/05) 03202006 Chg-P City & State City & State 4. FEI Number Applied For Parkland Parkland FL 65-1049926 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent hobert BAKER, ROBERT B Street Address (P.O. Box Number is Not Acceptable) 6100 GLADES RD, SUITE 301 BOCA RATON, FL 33434 6991 N. State Bd. 7. 2nd FL 2000 73 8. The above named entity submits this statement pose 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 3/20/06 SIGNATURE (NOTE: Registered Agen) alignature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. D TITLE ☐ Defete TITLE ☐ Change Addition NAME BAKER, ROBERT B NAME STREET ADDRESS 6100 GLADES RD, SUITE 301 STREET ADDRESS CITY-\$T-ZIP BOCA RATON, FL 33434 CITY-ST-ZiP TITLE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE 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-7IP CITY-ST-ZIP ☐ Delete TITLE TITI F Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete mue ☐ 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 indicated on this report or supplemental report is true and accurate and the of the corporation or the receiver or trustee empowered to execute this same true. ptions contained in Chapter 119, Florida Statutes. I further certify that the information valure shall have the same legal effect as if made under oath; that I am an officer or director quired by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

3/20/06

Daytime Phone #

FILED