


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90049 041 ***150.00

DOCUMENT # P01000003410	
1. Entity Name IVAN K. CLEMENTS, JR., P.A.	

Principal Place of Business 632 N. WOODLAND BLVD., STE. 3 DELAND, FL 32720	Mailing Address 632 N. WOODLAND BLVD., STE. 3 DELAND, FL 32720
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2. Principal Place of Business 540 W. New York Ave.	3. Mailing Address 540 W. New York Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State DeLand FL	City & State DeLand FL
Zip 32720	Country
Zip 32720	Country



01162006 Chg-P CR2E034 (11/05)

4. FEI Number 59-3687693	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CLEMENTS, IVAN K JR 632 N. WOODLAND BLVD., STE. 3 DELAND, FL 32720	Name Clements, Ivan K. Jr.
	Street Address (P.O. Box Number is Not Acceptable) 540 W. New York Ave.
	City DeLand FL Zip Code 32720

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: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete	TITLE 540 W. New York Ave.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CLEMENTS, IVAN K JR		NAME DeLand FL 32720	
STREET ADDRESS 632 N. WOODLAND BLVD., STE. 3		STREET ADDRESS	
CITY-ST-ZIP DELAND, FL 32720		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	
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: *Ivan K. Clements, Jr.* **1-17-2006** **(386) 740-0037**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #