2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000007227

1. Entity Name
THE LAW OFFICES OF KENNETH B. DION, P.A.



FILED Jan 09, 2006 08:00 AM Secretary of State

Principal Place of Business

310 TENTH STREET WEST PALM BEACH, FL 33401 Mailing Address

310 TENTH STREET WEST PALM BEACH, FL 33401



DO NOT WRITE IN THIS SPACE

01062006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For Not Applied be SR 75 Additional

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DION, KENNETH B 310 TENTH STREET WEST PALM BEACH, FL 33401

DO NOT WRITE IN THIS SPACE

	IN THIS SPACE
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, 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 9. Election Campaign Final Trust Fund Contribution	
10. OFFICERS AND DIRECTORS	
TITLE PD NAME DION, KENNETH B STREET ADDRESS 310 TENTH STREET CITY-ST-ZIP WEST PALM BEACH, FL 33401	U00000380638 01/11/06-80022-010 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	01/11/06-80022-010 150.00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	— · · · · · · · · · · · · · · · · · · ·
TITLE NAME STREET ADDRESS CITY-ST-ZIP	The second secon
12. I hereby certify that the information supplied with this filing does not qualify for the	e exemptions contained in Chapter 119, Florida Statutfurther certify that the information

indicated on this report or supplied with this filling does not quality for the exemptions contained in Chapter 119, Florida Statistication certify that the information indicated on this report or suppliemental report is true and accurate and that my signature shall have the same legistratifications of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statistications ame appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/04

561-835-9833

Daytime Phone