## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Feb 24, 2006 08:00 AM Secretary of State DOCUMENT # P01000030877 1. Entity Name JUDITH A. PERALTA, P.A. Principal Place of Business Mailing Address 15351 BONEFISH TRAIL 15351 BONEFISH TRAIL BONITA SPRINGS, FL 34135 BONITA SPRINGS, FL 34135 01202006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1098685 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE PERALTA, JUDITH A 15351 BONEFISH TRAIL **BONITA SPRINGS, FL 34135** IN THIS SPACE 5. 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) Signature, typed or printed name of registered agent and title if appricable 9. Etection Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. PS TITLE PERALTA, JUDITH A NAME 15351 BONEFISH TRAIL STREET ADDRESS UHOUOO447114 03/08/06-80038-010 150.00 BONITA SPRINGS, FL 34135 CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE . NAME

12. I hereby certify that the information supplied with this filling 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 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 with all other like empowered. JUDITH A. PERALTA,

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TOTLE NAME STREET ADDRESS CITY-ST-ZIP

NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**