2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000047351

Entity Name: TYE W. VAN BUREN, P.A.

FILED Apr 12, 2006 Secretary of State

| Current Pi | rincipal Place | e of Business: | New Principal Place of | New Principal Place of Business: | |
|---|--|----------------------------------|---|--|--|
| 112 ANNIE ORLANDO | STREET), FL 32806 | | | | |
| Current Mailing Address: | | | New Mailing Address: | | |
| 112 ANNIE ORLANDO | STREET), FL 32806 | | | | |
| FEI Number: | 59-3726693 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and | Address of | Current Registered Agent: | Name and Address of | Name and Address of New Registered Agent: | |
| VAN BURE 247 W. VO DELAND, F | OŔHIS AVEN | IUE US | VAN BUREN, TYE W 112 ANNIE STREET ORLANDO, FL 32806 | US | |
| The above in the State | | submits this statement for the p | ourpose of changing its registered | office or registered agent, or both, | |
| SIGNATURE: | | | | 04/12/2006 | |
| | Electro | nic Signature of Registered Age | ent | Date | |
| Election Can | npaign Financin | g Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGES | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | P (VAN BUREN, 1 112 ANNIE ST ORLANDO, FL | | Title: (Name: Address: City-St-Zip: |) Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TYE W. VAN BUREN P 04/12/2006