
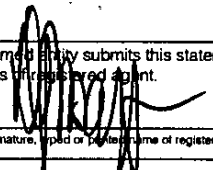
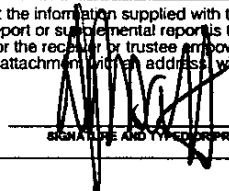


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 20, 2006 8:00 am**  
**Secretary of State**

03-20-2006 90018 001 \*\*\*150.00

<b>DOCUMENT # P01000064895</b> 1. Entity Name <b>DOUGLAS K. BISCHOFF, P.A.</b>																							
Principal Place of Business <b>1510 SE 17TH ST. CAUSEWAY SUITE 300 FORT LAUDERDALE, FL 33316</b>			Mailing Address <b>9879 NE 13TH AVENUE MIAMI SHORES, FL 33138</b>																				
2. Principal Place of Business <b>350 EAST LAS OLAS BLVD</b>		3. Mailing Address <b>SUITE 1250</b>																					
Suite, Apt. #, etc. <b>SUITE 1250</b>		Suite, Apt. #, etc. <b>FT. LAUDERDALE FL</b>																					
City & State <b>FT. LAUDERDALE FL</b>		City & State <b>FT. LAUDERDALE FL</b>																					
Zip <b>33301</b>		Country <b>USA</b>		Zip <b>33301</b>																			
Country <b>USA</b>		Country <b>USA</b>																					
6. Name and Address of Current Registered Agent <b>BISCHOFF, DOUGLAS K 1510 SE 17TH ST CAUSEWAY STE 300 FORT LAUDERDALE, FL 33316</b>			7. Name and Address of New Registered Agent Name <b>DOUGLAS K. BISCHOFF PRES.</b> Street Address (P.O. Box Number is Not Acceptable) <b>350 EAST LAS OLAS BLVD</b> <b>SUITE 1250</b> City <b>FT. LAUDERDALE FL</b> Zip Code <b>33301</b>																				
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 the registered agent. SIGNATURE:  <b>DOUGLAS K. BISCHOFF PRES.</b> DATE: <b>3-15-06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																							
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																					
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>BISCHOFF, DOUGLAS K</b></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td><b>1510 SE 17TH ST. CAUSEWAY STE 300 FORT LAUDERDALE, FL 33316</b></td> <td></td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS	<b>BISCHOFF, DOUGLAS K</b>		CITY - ST - ZIP	<b>1510 SE 17TH ST. CAUSEWAY STE 300 FORT LAUDERDALE, FL 33316</b>		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: center;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>350 EAST LAS OLAS BLVD SUITE 1250</b></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td><b>FT. LAUDERDALE, FL 33301</b></td> <td></td> </tr> </table>			TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	<b>350 EAST LAS OLAS BLVD SUITE 1250</b>		CITY - ST - ZIP	<b>FT. LAUDERDALE, FL 33301</b>	
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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:  <b>DOUGLAS K. BISCHOFF</b> Date: <b>3-15-06</b> Daytime Phone #: <b>305-757-2013</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																							