
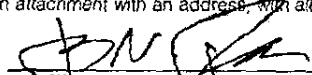


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000112115 1. Entity Name JAMES N. RUDOLPH, P.A.																							
Principal Place of Business 4776 NEW BROAD STREET 100 ORLANDO FL 32814			Mailing Address 4776 NEW BROAD STREET 100 ORLANDO FL 32814																				
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																				
4. FEI Number 59-3757664				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 RUDOLPH, JAMES N 4776 NEW BROAD STREET SUITE 100 ORLANDO FL 32814			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																				
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 consolidating) DATE _____																							
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																			
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:55%;">NAME</td> <td style="width:30%;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>RUDOLPH, JAMES N</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>4776 NEW BROAD STREET, SUITE 100 ORLANDO FL 32814</td> <td></td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS	RUDOLPH, JAMES N		CITY-ST-ZIP	4776 NEW BROAD STREET, SUITE 100 ORLANDO FL 32814		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:55%;">NAME</td> <td style="width:30%;"><input type="checkbox"/> Change <input type="checkbox"/> Add</td> </tr> <tr> <td>STREET ADDRESS</td> <td>000000416467</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>02/13/06-00018-005 150.00</td> <td></td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add	STREET ADDRESS	000000416467		CITY-ST-ZIP	02/13/06-00018-005 150.00	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **1-25-06 407-2461**