

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000119520

FILED
Apr 20, 2006
Secretary of State

Entity Name: BOB YIP, O.D. AND ASSOCIATES, P.A.

Current Principal Place of Business:

888 W CHARING CROSS CIRCLE
MARY, FL 32746

New Principal Place of Business:

888 W. CHARING CROSS CIR.
LAKE MARY, FL 32746

Current Mailing Address:

888 W CHARING CROSS CIRCLE
MARY, FL 32746

New Mailing Address:

888 W CHARING CROSS CIRCLE
LAKE MARY, FL 32746

FEI Number: 59-3760430

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LYNN, BRIAN CPA
2 SOUTH UNIVERSITY DRIVE
FORT LAUDERDALE, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: YIP, BOB Y
Address: 888 WEST CHARING CROSS CIRCLE
City-St-Zip: MARY, FL 32746

Title: VD () Delete
Name: YIP, LILY
Address: 888 WEST CHARING CROSS CIRCLE
City-St-Zip: MARY, FL 32746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: YIP, BOB Y
Address: 888 WEST CHARING CROSS CIRCLE
City-St-Zip: LAKE MARY, FL 32746

Title: VD (X) Change () Addition
Name: YIP, LILY
Address: 888 WEST CHARING CROSS CIRCLE
City-St-Zip: LAKE MARY, FL 32746

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: BOB YIP

PD

04/20/2006

Electronic Signature of Signing Officer or Director

_____ Date