2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 28, 2006 08:00 AN Secretary of State DOCUMENT # P02000000167 1. Entity Name DEBORAH W. CHINA, CPA, P.A. Principal Place of Business Mailing Address 14930 NEWCASTLE LANE 14930 NEWCASTLE LANE DAVIE, FL 33331 DAVIE, FL 33331 01152006 No Chg-P GR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 01-0593992 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE CHINA, DEBORAH W 14930 NEWCASTLE LANE **DAVIE, FL 33331** IN THIS SPACE 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 Signature, typed or printed name of registered agont and one it applicable. DATE (NOTE: Registered Agent eignature required when reinstating) . Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TIME CHINA, DEBORAH W MAME 14930 NEWCASTLE LN. STREET ADDRESS CITY-ST-ZP DAVIE, FL 33331 NAME 11000000483086 STREET ADDRESS 04/11/06-80101-022 150.00 CITY-ST-ZIP TIME NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Fforida 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 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if charged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZP TITLE

STREET ADDRESS CITY-ST-ZP

FILED