2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Feb 02, 2006 8:00 am Secretary of State 02-02-2006 90082 037 ***150.00 DOCUMENT # P02000001714 1. Entity Name JEFFREY E. RAHEB D.C., P.A. Principal Place of Business Mailing Address 40007914 6701 38TH AVENUE N 6701 38TH AVENUE N SAINT PETERSBURG, FL 33710 SAINT PETERSBURG, FL 33710 2. Principal Place of Business 3. Mailing Address 6705 38TH AVE N 6705 38TH Ave N Suite, Apt. #, etc. Suite, Apt. #, etc. 01042006 Chg-P CR2E034 (11/05) Suite B SUITE 3 City & State ST Peters Burg Applied For 4. FEI Number City & State ST PETERSBURG 60-0000739 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33710 PINELLAS PINGLAS 33710 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JEFFREY E RAHEB RAHEB, JEFFREY E Street Address (P.O. Box Number is Not Acceptable) **6701 38TH AVENUE N** SAINT PETERSBURG, FL 33710 SUITE B ST PETERSBURG 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. REFRIVE RAHEB SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PTSD TITLE ☐ Delete ☐ Change NAME RAHEB, JEFFREY E NAME STREET ADDRESS 7211 10TH AVENUE N STREET ADDRESS CITY-ST-ZIP SAINT PETERSBURG, FL 33710 CITY-ST-ZIP TITLE □ Delete TITLE П Спапое ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ■ Addition TITLE Delete ☐ Change STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIBE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CLTY - ST - ZIP CITY-ST-ZIP Addition HILF □ Defete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED