2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000002175

1. Entity Name
CONSTANCE L. BRANDENBURG, P.A.

Principal Place of Business	Mailing Address
261 WESTWARD DR.	261 WESTWARD DR.
#208	#208
MIAMI SPRINGS, FL 33166	MIAMI SPRINGS, FL 33166

DO NOT WRITE IN THIS SPACE

01242006   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
80-0023961		Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BRANDENBURG, CONSTANCE L ESQ
261 WESTWARD DR.
#208
MIAMI SPRINGS, FL 33166

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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 agent and title if applicable.   (NOTE. Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2006 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U00000405800 02/07/06-80054-013 150.00

10.	OFFICERS AND DIRECTORS	
TITLE	PSTD	
NAME	BRANDENBURG, CONSTANCE L	
STREET ADDRESS	261 WESTWARD DRIVE #208	
CITY-ST-ZIP	MIAMI, FL 33166	
TITLE		
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

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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: _Constance L. Brandenburg_ 1-24-06 (305) 887-8666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #