2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Jan 17, 2006 08:00 AM **Secretary of State DOCUMENT # P02000018542** 1. Entity Name CAROL A. BELLANTONI, P.A. Principal Place of Business Mailing Address 1116 N OCEAN BLVD 1116 N OCEAN BLVD POMPANO BEACH, FL 33062 POMPANO BEACH, FL 33062 No Chg-P CR2E034 (11/05) 01132006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 02-0576974 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ELKIN, STEVEN C DO NOT WRITE 7805 SW 6 COURT PLANTATION, FL 33324 IN THIS SPACE 3. 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, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) 9. 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. TITLE NAME BELLANTONI, CAROL A STREET ADDRESS 1116 N OCEAN BLVD UQ0000387834 01/19/06-80054-020 150.00 POMPANO BEACH, FL 33062 CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-78P TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling 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 three and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation of the repeiver or trustee employered 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 attact from with fin address, with all pointed that employee ed.

SIGNATURE

STREET ADDRESS CITY-ST-ZIP TIT) F NAME STREET ADDRESS

A. Bellantoni