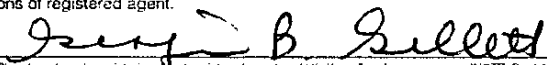


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90166 039 ***150.00

DOCUMENT # P02000068534 1. Entity Name THE GILLETT LAW FIRM, P.A.					
Principal Place of Business 19620 PINES BLVD SUITE 202A PEMBROKE PINES, FL 33029			Mailing Address 19620 PINES BLVD SUITE 202A PEMBROKE PINES, FL 33029		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 04-3687845	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GILLETT, GEORGIA B ESQ. 2700 W. ATLANTIC BLVD. SUITE 200-32 POMPANO BEACH, FL 33069			7. Name and Address of New Registered Agent Name GILLETT, GEORGIA B. ESQ. Street Address (P.O. Box Number is Not Acceptable) 19620 PINES BLVD. SUITE 202A City PEMBROKE PINES FL 33029		
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 REGISTERED AGENT GEORGIA B. GILLETT APRIL 27, 2006 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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GILLETT, GEORGIA B ESQ. 2700 W. ATLANTIC BLVD., SUITE 200-32 POMPANO BEACH, FL 33069 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ☒ Change ☐ Addition GILLETT, GEORGIA B. ESQ. 19620 PINES BLVD., SUITE 202A PEMBROKE PINES, FL 33029		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR GEORGIA B. GILLETT APRIL 27, 2006 Daytime Phone #					

4000J000



04272006 Chg-P CR2E034 (11/05)

4. FEI Number
04-3687845

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GILLETT, GEORGIA B ESQ.
2700 W. ATLANTIC BLVD.
SUITE 200-32
POMPANO BEACH, FL 33069

Name
GILLETT, GEORGIA B. ESQ.

Street Address (P.O. Box Number is Not Acceptable)
19620 PINES BLVD.

SUITE 202A

City PEMBROKE PINES FL 33029

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

REGISTERED AGENT
GEORGIA B. GILLETT APRIL 27, 2006

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**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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CITY-ST-ZIP
P
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POMPANO BEACH, FL 33069 ☐ Delete

TITLE
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STREET ADDRESS
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P ☒ Change ☐ Addition
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PEMBROKE PINES, FL 33029

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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.

DAYTIME PHONE: 954-433-5773

SIGNATURE:

GEORGIA B. GILLETT APRIL 27, 2006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #