

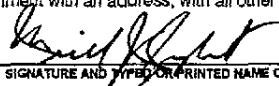


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000081109 1. Entity Name APPLETON LAW OFFICES, P.A.				
Principal Place of Business 3117 EDGEWATER DRIVE ORLANDO, FL 32804		Mailing Address 3117 EDGEWATER DRIVE ORLANDO, FL 32804		
DO NOT WRITE IN THIS SPACE				
				 02202006 No Chg-P CR2E034 (11/05)
		4. FEI Number 68-0514969		Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent APPLETON, MICHAEL J 3117 EDGEWATER DRIVE ORLANDO, FL 32804		DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>				
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		1100000553577 05/15/06-80055-012 150.00
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE		
TITLE	D			
NAME	APPLETON, MICHAEL J			
STREET ADDRESS	3117 EDGEWATER DRIVE			
CITY-ST-ZIP	ORLANDO, FL 32804			
TITLE				
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
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CITY-ST-ZIP				
TITLE				
NAME				
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.				
SIGNATURE:  Michael J. Appleton		4/27/06 407-481-9500		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>		