2006 FOR PROFIT CORPORATION

Jan 20, 2006 08:00 AM **ANNUAL REPORT** Secretary of State DOCUMENT # P02000091691 1. Entity Name CHRÍSTOPHER R. DUERR, C.P.A., P.A. Principal Place of Business Mailing Address 960 GRANT RD 960 GRANT RD TITUSVILLE, FL 32780 TITUSVILLE, FL 32780 01152006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 04-3712629 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DUERR, CHRISTOPHER R DO NOT WRITE 960 GRANT RD TITUSVILLE, FL 32780 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. 1 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 9. Election Campaign Financing \$5.00 May Be 01/24/06-80040-018 150.00 FILE NOW!!! FEE IS \$150,00 After May 1, 2006 Fee will be \$550.00 Added to Fees Trust Fund Contribution. OFFICERS AND DIRECTORS 10. **PVST** DUERR, CHRISTOPHER R MAME STREET ADDRESS 960 GRANT RD CITY-ST-ZIP TITUSVILLE, FL 32780 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP T)TLE

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 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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED