


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 27, 2006 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # P02000118897 1. Entity Name THE ALLEN FIRM, P.A. |  |
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|--|--|
| Principal Place of Business 605 E ROBINSON STREET STE 130 ORLANDO FL 32801 | Mailing Address 605 E ROBINSON STREET STE 130 ORLANDO FL 32801 |
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|--------------------------------|---------------------|--|------------|
| 2. Principal Place of Business | 3. Mailing Address | 4. FEI Number | 41-2066778 |
| Suite, Apt #, etc. | Suite, Apt. #, etc. | Applied For <input type="checkbox"/> Not Applicable | |
| City & State | City & State | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| Zip | Country | Zip | Country |

2nd MOORE CR2E034 (4/06)

6. Name and Address of Current Registered Agent

ALLEN, FRANK T
605 E ROBINSON STREET STE 130
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

B. 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 re-registering) DATE _____

FILE NOW!!! FEE IS \$550.00
DUE BY September 6, 2006
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME ALLEN, FRANK T <input type="checkbox"/> Delete STREET ADDRESS 605 E ROBINSON STREET STE 130 CITY - ST - ZIP ORLANDO FL 32801 | |
| TITLE NAME _____ <input type="checkbox"/> Delete STREET ADDRESS _____ CITY - ST - ZIP _____ | |
| TITLE NAME _____ <input type="checkbox"/> Delete STREET ADDRESS _____ CITY - ST - ZIP _____ | |
| TITLE NAME _____ <input type="checkbox"/> Delete STREET ADDRESS _____ CITY - ST - ZIP _____ | |
| TITLE NAME _____ <input type="checkbox"/> Delete STREET ADDRESS _____ CITY - ST - ZIP _____ | |
| TITLE NAME _____ <input type="checkbox"/> Delete STREET ADDRESS _____ CITY - ST - ZIP _____ | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|
| TITLE NAME _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS _____ CITY - ST - ZIP _____ | U00000572442 07/27/06-80006-022 550.00 |
| TITLE NAME _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS _____ CITY - ST - ZIP _____ | |
| TITLE NAME _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS _____ CITY - ST - ZIP _____ | |
| TITLE NAME _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS _____ CITY - ST - ZIP _____ | |
| TITLE NAME _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS _____ CITY - ST - ZIP _____ | |
| TITLE NAME _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition 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:  7/21/2006
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #