2006 FOR PROFIT CORPORATION

FILED Apr 20, 2006 8:00 am Secretary of State

ANNUAL REPORT		•
DOOLBAENT # D0000000004	\neg	Γ

DOCUMENT # P0300009961 1. Entity Name MICHAEL D. DICEMBRE, PA								04-20-2006	90189 0	41 ***15	0.00
Principal Place of Business ONE SOUTH ORANGE AVENUE SUITE 304 ORLANDO, FL 32801		0 S 0	Mailing Address ONE SOUTH ORANGE AVENUE SUITE 304 ORLANDO, FL 32801								
2. Principal Place of Business				3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.			04082006	Chg-P	CR2E0	34 (11/05)	
City & State				City & State		4. FEI Numb 51-044			+ ·	plied For Applicable	
Zip		Country		Zip	Coun	atry	5. Certificate	of Status Desired		\$8.75 Addi Fee Required	
	6. Name	and Address of Curre	nt Regis	stered Agent		Name	7. Name and	Address of New R	egistered A	gent	
	DICEMBRE, MICHAEL D ONE SOUTH ORANGE AVENUE						ess (P.O. Box Numb	er is Not Acceptable)		
SUITE 304	,										
ORLANDO	, FL 320	UI .				City			FL	Zip Code	,
		ty submits this statement tered agent.	for the p	ourpose of changing its	s register	ed office or reg	istered agent, or bo	th, in the State of Flo	orida. I am i	amiliar with,	and accept
SIGNATURE_	Sinnahue hider	d or printed name of registered agi	ant and title	il anakoshla (NO	TE: Oppointers	A Agent cign thurs re	quired when reinstating)		DATE		
	E NOWIII	FEE IS \$150.00 6 Fee will be \$55		9. Election Campa Trust Fund Con	aign Fina	ncing	\$5.00 May Be Added to Fees		32		
10.	· · · · · ·	OFFICERS AN	D DIRE		11.		ADDITIONS	/CHANGES TO OFF	ICERS AND		IN 11
TITLE NAME	PD Delete ITM DICEMBRE, MICHAEL D NAM				1				☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	ONE SOUTH ORANGE AVENUE #304 STR					EET ADDRESS /-St-zip					
TITLE	VPD ☐ Delete TITL									☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP						EET ADORESS 7-ST-ZIP					
TITLE	Delete TITLE									Change	Addition
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TITLE				☐ Delete	TITL					☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP						AE EET ADDRESS Y-ST-ZIP					
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STREET ADDRESS CITY-ST-ZIP					STR	EET ADDRESS Y-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	CIT	ME HEET ADDRESS Y-ST-ZIP				Change	Addition
12. I hereby indicated of the collapsed	certify that the certify that the certific term of the certific terms of the certific te	ne information supplied vort or supplemental repo the receiver or trustee er tachment with an addres	with this rt is true inpowere is, with a	filing does not qualify and accurate and that ed to execute this repo all other like empowere	for the extended the control of the		ained in Chapter 11 the same legal effe or 607, Florida Statut	Florida Statutes. ct as if made under es; and that my nam			
SIGNAT	'URE: _		20.000	NAME OF SIGNING OFFICE	11C/14		em pre	4/17/06	4	07-644	1-1999

ATTACHMENT

Michael D. Dicembre

Attorney at Law

P0300009961

One South Orange Avenue — Suite 304

Orlando, Florida 32801

(407) 649-1999

(407) 649-1657 Jan

April 18, 2006

Division of Corporations 25O.O. Box 1500 Tallahassee, Florida 32302-1500

Re:

2006-For Profit Corporation Annual Report

Dear Sir/Madam,

Enclosed, please find my Year 2006-For Profit Corporation Annual Report. I am filing this document as required to maintain active status with the Florida Division of Corporations. Additionally as required please find a check made payable to the Florida Department of State in the amount of One Hundred Fifty (\$150.00) Dollars. It is my understanding that the filing of this document along with the enclosed check satisfies my Year 2006 obligation for maintaining active status.

If any additional affirmative action is required by my office please contact my office and so advise. I want to thank you in advance for your anticipated time and attention to this matter and look forward to hearing back from your office should the need arise.

With Assurance,

Michael D. Dicembre, Esq.

mL

Enclosures MDD/tp