2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Mar 29, 2006 8:00 am Secretary of State **DOCUMENT # P03000014683** 03-29-2006 90111 013 ***150.00 1. Entity Name MATTHEW CRAIG KESTERSON, P.A. Principal Place of Business Mailing Address AUDHOUS -6403 VIA ROSA-6403 VIA ROSA BOCA RATON, FL. 33433 BOCA RATON, FL 33433 2. Principal Place of Business 3. Mailing Address 1155 Bounty Blvd 1155 Bounty Blvd. Suite, Apt. #, etc. Suite, Apt. #, etc. 02032006 CR2E034 (11/05) City & State City & State 4 FFI Number Applied For Vero Beach. <u>Vero Beach</u> 30-0723344 Not Applicable Country USA Country USA \$8.75 Additional 5. Certificate of Status Desired 32963 32963 Palm Beach Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Matthew C. Kesterson Street Address (P.O. Box Number is Not Acceptable) 1155 Bounty Blvd. CASALINO: GREGO M 9111 CARDINAL DRIVE VERO BEACH, FL 32963 Vero Beach 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 registeres Matthew C. Kesterson, Pres. 4.1.06 SIGNATURE Z (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE D ☐ Delete TITLE ☐ Addition NAME KESTERSON, MATTHEW C NAME STREET ADDRESS 10403 VIA ROSA STREET ADDRESS 1155 Bounty Blvd. Vero Beach, Fl. 3 CITY-ST-ZIP BOCA RATON, FL-93439 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TIME ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP mue Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete IIILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-7IP 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.

Matthew C. Kesterson, Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED