

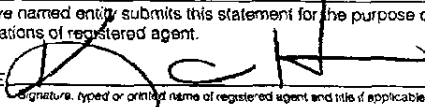
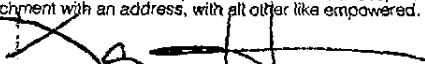


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P03000018517			
1. Entity Name KARA HARDIN, P.A.			
Principal Place of Business 38537 FIFTH AVENUE ZEPHYRHILLS, FL 33542	Mailing Address 38537 FIFTH AVENUE ZEPHYRHILLS, FL 33542		
DO NOT WRITE IN THIS SPACE			
		04192006 No Chg-P CRZE034 (11/05)	
		4. FEI Number 81-0594928	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
8. Name and Address of Current Registered Agent HARDIN, KARA 38537 FIFTH AVENUE ZEPHYRHILLS, FL 33542		DO NOT WRITE IN THIS SPACE	
9. 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 		DATE	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
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
		000000544214 05/11/06-80025-019 150.00	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D HARDIN, KARA 38537 FIFTH AVENUE ZEPHYRHILLS, FL 33542		
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DO NOT WRITE IN THIS SPACE			
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: 		Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	