


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 15, 2006 8:00 am**  
**Secretary of State**


07-14-2006 90021 007 \*\*\*150.00

<b>DOCUMENT # P03000035469</b> 1. Entity Name DAWN CARLISLE ALMEIDA, PA	
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Principal Place of Business 5272 NE 6 AVE UNIT B OAKLAND PARK, FL 33334	Mailing Address 5272 NE 6 AVE UNIT B OAKLAND PARK, FL 33334
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**DO NOT WRITE IN THIS SPACE**

66023069



07102006 No Chg-P CR2E034 (11/05)

4. FEI Number 57-1162018	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  ALMEIDA, DAWN C 5272 NE 6 AVE UNIT B OAKLAND PARK, FL 33334	<b>DO NOT WRITE IN THIS SPACE</b>
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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 registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,P ALMEIDA, DAWN C 5272 NE 6 AVE UNIT B OAKLAND PARK, FL 33334
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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: Dawn C. Almeida P.A. \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #