2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 12, 2006 8:00 am Secretary of State **DOCUMENT # P03000037332** 03-28-2006 90133 028 ***150.00 1. Entity Name SUSÁN C. SWEENEY P.A. Principal Place of Business Mailing Address **....... 6855 WINSLOW STREET 6855 WINSLOW STREET** SARASOTA, FL 34243 SARASOTA, FL 34243 02272006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 01-0778658 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent PLUM, LAURA A DO NOT WRITE 1800 2 STREET STE 745 SARASOTA, FL 34236 IN THIS SPACE 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 DATE Signature, typed or printed name of reed agent and ste if applicable. (NOTE: Realstaned Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE SWEENEY, SUSAN NAME STREET ADDRESS 6855 WINSLOW STREET CITY-ST-ZIP SARASOTA, FL 34243 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS (217-51-70) TITLE NAME

I hereby certify that the information supplied with this filling 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 of trustee empowered to execute Ms/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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP

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FILED