


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 16, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000066465	
1. Entity Name HARVEY HOROWITZ, C.P.A., P.A.	

Principal Place of Business 1503 CAYMAN WAY STE A-4 COCONUT CREEK, FL 33066-1434	Mailing Address 1503 CAYMAN WAY STE A-4 COCONUT CREEK, FL 33066-1434
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DO NOT WRITE IN THIS SPACE

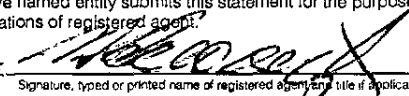


01052006 No Chg-P CR2E034 (11/05)

4. FEI Number 54-2116497	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 HOROWITZ, HARVEY 1503 CAYMAN WAY STE A-4 COCONUT CREEK, FL 33066-1434
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IN THIS SPACE**

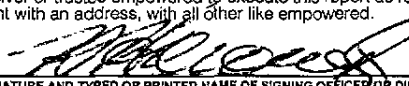
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE 5/1/6
<small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES HOROWITZ, HARVEY 1503 CAYMAN WAY STE A-4 COCONUT CREEK, FL 330661434
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC HOROWITZ, SUZANNE 1503 CAYMAN WAY STE A-4 COCONUT CREEK, FL 330661434
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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05/20/06-80092-005 150.00

**DO NOT WRITE
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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 5/1/6
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	
<small>Daytime Phone #</small>	