

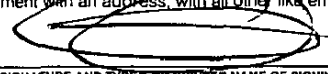


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90075 047 ***150.00

DOCUMENT # P03000070484			
1. Entity Name PLATT & SURBER, P.A.			
Principal Place of Business 214 SW PORT ST. LUCIE BOULEVARD PORT ST. LUCIE, FL 34984		Mailing Address 214 SW PORT ST. LUCIE BOULEVARD PORT ST. LUCIE, FL 34984	
2. Principal Place of Business		3. Mailing Address 205 NE 5th Terrace	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Delray Beach, FL	
Zip		Zip 33444	
Country		Country USA	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SURBER, ANTHONY W 214 SW PORT ST. LUCIE BLVD. PORT ST. LUCIE, FL 34984		Name Ronald K. Platt	
		Street Address (P.O. Box Number is Not Acceptable) 205 NE 5th Terrace	
		City Delray Beach FL	
		Zip Code 33444	
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: 		RONALD L. PLATT	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
		DATE 1/26/06	
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLATT, RONALD L	NAME	
STREET ADDRESS	170 NW SPANISH RIVER BLVD.	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33431	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SURBER, TODD E	NAME	
STREET ADDRESS	170 NW SPANISH RIVER BLVD.	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33431	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SURBER, ANTHONY W	NAME	
STREET ADDRESS	214 SW PORT ST. LUCIE BLVD.	STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE, FL 34984	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 lines empowered.			
SIGNATURE: 		RONALD L. PLATT	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 1/26/06	
		Daytime Phone # 561 368-3337 ext 205	