2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED May 01, 2006 8:00 am Secretary of State 05-01-2006 90366 047 ***150.00

DOCUMENT # P03000082996 1. Entity Name MICHELE FULLER, P.A.									
Principal Place of Business 3400 S. TAMIAMI TRAIL STE. 202		Mailing Address 3400 S. TAMIAMI TRAIL			40074028				
SARASOTA, FL - 34239 US.		SARASOTA, FL. 34239 US.				 	 		
2. Principal Place of Business 1990 Main Street		3. Mailing Address 1990 Main Street			.				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04042006	Chg-P	CR2E	034 (11/05)	1
Ste. 700 City & State		Ste. 700 City & State							pplied For
Sarasota, FL		Sarasota, FL			APPLIE	ED FOR 80-	004 404.		lot Applicable
zip 34	236 Country USA	34236	Country USA		5. Certificate	of Status Desire	ed 🔲	\$8.75 Ad Fee Require	
	6. Name and Address of Current I	Registered Agent	Name		7. Name and	Address of Ne	w Registered	Agent	
LUZIER, THOMAS B				Same Street Address (P.O. Box Number is Not Acceptable)					
3400 S. TAMIAMLTRAIL - SUITE 202			Street A	Address (F	P.O. Box Numb	er is Not Accept	able)		
EARASOTA, FL 34239			19	1990 Main Street, Ste. 700					
			City	Saras		,	FL	Zip Cod 34	236
8. The above	named entity submits this statement for ions of registered agent.	the purpose of changing its r	egistered office o	r registere	ed agent, or bo	th, in the State o	f Florida, I am	familiar with	, and accept
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registered Agent signa	ture required	when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.									
10.	OFFICERS AND I		11.	- C	ADDITIONS,	CHANGES TO	OFFICERS AND		
NAME	FULLER, MICHELE	☐ Delete	TITLE NAME	INTIC	HEUE F	ivuER		☑ Change	Addition .
STREET ADDRESS CITY-ST-ZIP	4367 LANDINGS DRIVE SARASOTA, FL 34231		STREET ADDRESS CITY-ST-ZIP	1122	- NOMEL	0 AVE	1-21		
TITLE		Delete	TITLE	200	-443O (E	, <u>FL 3</u>	1236	☐ Change	☐ Addition
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CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP						
TITLE		☐ Delete	TITLE	1				☐ Change	☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE NAME		☐ Delete	TITLE NAME					Change	☐ Addition
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP TITLE		□ Delete	CITY-ST-ZIP	ļ <u> </u>				☐ Change	Addition
NAME			NAME					ongo	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-S1-ZIP						
ħπLE		☐ Delete	TITLE	†				☐ Change	☐ Addition
NAME STREET ADDRESS			NAME 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 like empowered.									
SIGNATURE: 4.24.06 941228.4189									
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NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR