2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000087436

Entity Name: CLAUDIA MEDINA THOMAS, P. A.

FILED Jan 23, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
Cullent Finicipal Flace of Dusiness.	New Fillicipal Flace of Dusiliess

ST. CROIX'S PLAZA 4230 SOUTH MACDILL AVENUE, SUITE J TAMPA, FL 33611 US

Current Mailing Address: New Mailing Address:

ST. CROIX'S PLAZA 4230 SOUTH MACDILL AVENUE, SUITE J TAMPA, FL 33611 US

FEI Number: 65-1201177 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

THOMAS, CLAUDIA M ESQ. ST. CROIX'S PLAZA 4230 SOUTH MACDILL AVENUE, SUITE J TAMPA, FL 33611 US

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.

SIGNATURE:

Name:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

Name: THOMAS, CLAUDIA M ESQ. Name: THOMAS, CLAUDIA M ESQ. Address: THE CARRIAGE HOUSE, 4807 BAYSHORE BLVD. Address: 4230 SOUTH MACDILL AVENUE, SUITE J

City-St-Zip: TAMPA, FL 33611 US City-St-Zip: TAMPA, FL 33611 US

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I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLAUDIA MEDINA THOMAS P 01/23/2006