2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P03000096620



FILED

Apr 14, 2006 8:00 am Secretary of State

04-14-2006 90150 037 ***150.00 1. Entity Name KERSTIN MILBERG, P.A. Principal Place of Business Mailing Address 50012188 1639 E. CAPE CORAL PKWY., STE. 103 1639 E. CAPE CORAL PKWY., STE. 103 CAPE CORAL, FL 33904 CAPE CORAL, FL 33904 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04112006 CR2E034 (11/05) Cho-P City & State City & State 4. FEI Number Applied For 20-0388334 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RANDOLPH, MICHAEL D ESQ. Street Address (P.O. Box Number is Not Acceptable) 1619 JACKSON ST. FT. MYERS, FL 33901 Zip Code 8. The above named entity submits this statement for the purposing 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete Change ☐ Addition TITLE TITLE MILBERG, KERSTIN NAME NAME 16 704 CROWNSBURY WAY 6987 HIGHLAND PARK CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT. MYERS, FL 33912 CITY-ST-ZIP FORT MEYERS, FL 33908 VD Change TITLE ☐ Delete TITLE ☐ Addition NAME MILBERG, SVEN NAME 16704 CROWNSBURY WAY STREET ADDRESS 6987 HIGHLAND PARK CIRCLE STREET ADDRESS CITY-ST-ZIP FT. MYERS, FL 33912 CITY-ST-ZIP FORT MEYERS FL 33908 TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CiTY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SVEN MILBERG

04-11-2006