2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000116220

Current Mailing Address:

Entity Name: PETER BECSENESCO, P.A.

FILED Feb 06, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

12843 MADISON POINTE CIRCLE 4360 TALCO AVE

205 SPRING HILL, FL 34609 US

ORLANDO, FL 328216875 US

12843 MADISON POINTE CIRCLE 4360 TALCO AVE

205 SPRING HILL, FL 34609 US

ORLANDO, FL 328216875 US

FEI Number: 20-0563141 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

New Mailing Address:

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

BECSENESCO, PETER PSTD 12843 MADISON POINTE CIRCLE 4360 TALCO AVE SPRING HILL FL 34609 US

205 SPRING HILL, FL 34609 US ORLANDO, FL 328216875 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: PETER BECSENESCO 02/06/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Name: BECSENESCO, PETER Name: BECSENESCO, PETER
Address: 12843 MADISON POINTE CIRCLE, SUITE 205 Address: 4360 TALCO AVE

City-St-Zip: ORLANDO, FL 328216875 US City-St-Zip: SPRING HILL, FL 34609 US

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

 Name:
 BECSENESCO, ELIZABETH A
 Name:
 BECSENESCO, ELIZABETH A

Address: 12843 MADISON POINTE CIRCLE, SUITE 205 Address: 4360 TALCO AVE

City-St-Zip: ORLANDO, FL 328216875 US City-St-Zip: SPRING HILL, FL 34609 US

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: PETER BECSENESCO PSTD 02/06/2006

Electronic Signature of Signing Officer or Director

Date