2006 FOR PROFIT CORPORATION

FILED Feb 03, 2006 08:00 AM **ANNUAL REPORT Secretary of State DOCUMENT # P03000118718** ALYCE J. BOLLING, P.A. Mailing Address Principal Place of Business 1441 W SANDPIPER CIRCLE 1441 W SANDPIPER CIRCLE PEMBROKE PINES, FL 33026 PEMBROKE PINES, FL 33026 CR2E034 (11/05) No Chg-P 01272008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0371332 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 6. Name and Address of Current Registered Agent DO NOT WRITE SPELL, KAREN R ESQ 2525 EMBASSY DRIVE #2 COOPER CITY, FL 33026 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if appricable (NOTE: Registered Agent signature required when reinstating) OATE 9. Election Campaign Financing \$5.00 May Be FILE NOWIN FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME BOLLING, ALYCE J 1441 W SANDPIPER CIRCLE STREET ADDRESS PEMBROKE PINES, FL 33026 CITY-ST-ZIP TITLE 02/15/06-80012-015 150.00 NAME STREET ADDRESS CITY-ST-ZIP 717LE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TIPLE NAME STREET ADDRESS CITY -ST-ZIP

12. I hereby certify that the information supplied with this filling 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 sustee 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

SIGNATURE:

TITLE NAME STREET ADDRESS CITY - ST - 21P