

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000136742

**FILED**  
**Jan 30, 2006**  
**Secretary of State**

**Entity Name:** FIRST TRUST OF FT. PIERCE, INC,

**Current Principal Place of Business:**

906 S.W. ST. LUCIE WEST BOULEVARD  
SUITE 194  
PORT ST. LUCIE, FL 34986

**New Principal Place of Business:**

**Current Mailing Address:**

906 S.W. ST. LUCIE WEST BOULEVARD  
SUITE 194  
PORT ST. LUCIE, FL 34986

**New Mailing Address:**

**FEI Number:** 05-0592125

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LEVINE, MICHAEL  
906 SW ST. LUCIE WEST BOULEVARD  
SUITE 194  
PORT ST. LUCIE, FL 34986 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PT ( ) Delete  
**Name:** LEVINE, MICHAEL  
**Address:** 906 SW ST LUCIE WEST BOULEVARD  
**City-St-Zip:** PORT ST. LUCIE, FL 34986

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

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:** MICHAEL LEVINE

PT

01/30/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date