

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000142640

FILED  
Jan 30, 2006  
Secretary of State

Entity Name: FIRST TRUST OF PORT ST. LUCIE, 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 S.W. ST. LUCIE WEST BOULEVARD  
SUITE 194  
PORT ST. LUCIE, FL 34986 US

## Name and Address of New Registered Agent:

LEVINE, MICHAEL R  
906 S.W. ST. LUCIE WEST BOULEVARD  
SUITE 194  
PORT ST. LUCIE, FL 34986 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: MICHAEL LEVINE

01/30/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

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

Title: VP, S ( ) Delete  
Name: WINGARD, HEATHER  
Address: 701 W. CYPRESS CREEK ROAD, SUITE 302  
City-St-Zip: FT. LAUDERDALE, FL 33309

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP, S (X) Change ( ) Addition  
Name: WINGARD, HEATHER  
Address: 906 S.W. ST LUCIE WEST BLVD.  
City-St-Zip: PORT ST LUCIE, FL 34986

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