


2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000143197		
1. Entity Name LARRY R. FLEURANTIN & ASSOCIATES, P.A.		

FILED
06 JUN 30 AM 9: 56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05132006 Chg-P CR2E034 (11/05)

Principal Place of Business 2040 NE 163RD STREET SUITE 201A NORTH MIAMI BEACH, FL 33162	Mailing Address 2040 NE 163RD STREET SUITE 201A NORTH MIAMI BEACH, FL 33162
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2. Principal Place of Business 2040 NE 163rd Street	3. Mailing Address 2040 NE 163rd Street
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Suite, Apt. #, etc. Suite 209	Suite, Apt. #, etc. Suite 209
City & State North Miami Beach, FL	City & State North Miami Beach, FL
Zip 33162	Zip 33162
Country USA	Country USA

4. FEI Number 20-0352941	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FLEURANTIN, RAYNOLD 2040 NE 163RD STREET SUITE 201A NORTH MIAMI BEACH, FL 33162	7. Name and Address of New Registered Agent Name Fleurantin, Larry R. Street Address (P.O. Box Number is Not Acceptable) 2040 NE 163rd Street Suite 209 City North Miami Beach FL Zip Code 33162
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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FLEURANTIN, RAYNOLD 3110 SW 64TH AVENUE MIRAMAR, FL 33023 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Fleurantin, Larry R. 2040 NE 163rd St., Ste 209 N. Miami Beach, FL 33162 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE:  Larry R. Fleurantin, Mgr. 305-944-7220
Date Daytime Phone #