

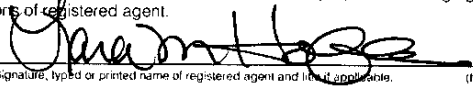
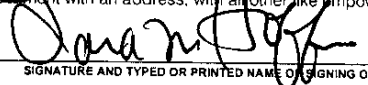


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90124 040 ***150.00

DOCUMENT # P03000158109 1. Entity Name LARA M. HOFFMAN, P.A.																										
Principal Place of Business 452 OSPREY KEY ATLANTIC BEACH, FL 32233			Mailing Address 452 OSPREY KEY ATLANTIC BEACH, FL 32233																							
2. Principal Place of Business 198 MAGNOLIA STREET Suite, Apt. #, etc.		3. Mailing Address 198 MAGNOLIA STREET Suite, Apt. #, etc.																								
City & State Zip Country		City & State Zip Country		4. FEI Number 20-0869232 Applied For <input type="checkbox"/> Not Applicable																						
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				03152006 Chg-P CR2E034 (11/05)																						
6. Name and Address of Current Registered Agent HOFFMAN, LARA 452 OSPREY KEY ATLANTIC BEACH, FL 32233			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 198 MAGNOLIA STREET City FL Zip Code																							
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  LARA M. HOFFMAN 3-22-06 <small>Signature, typed or printed name of registered agent and limited applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE																										
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																								
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">DPST</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>HOFFMAN, LARA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>452 OSPREY KEY</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>ATLANTIC BEACH, FL 32233</td> <td></td> </tr> </table>			TITLE	DPST	<input type="checkbox"/> Delete	NAME	HOFFMAN, LARA		STREET ADDRESS	452 OSPREY KEY		CITY - ST - ZIP	ATLANTIC BEACH, FL 32233		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>198 MAGNOLIA STREET</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	198 MAGNOLIA STREET		CITY - ST - ZIP		
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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:  LARA M. HOFFMAN 3/22/06 (904) 465-3140 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																										