2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000002740

Entity Name: SOOBADRA CAMILLE GAUTHIER, P.A.

FILED Jan 26, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

409 MONTGOMERY RD. 251 MAITLAND AVENUE

SUITE 165 SUITE 312

ALTAMONTE SPRINGS, FL 32714 US ALTAMONTE SPRINGS, FL 32701 US

Current Mailing Address: New Mailing Address:

P.O. BOX 162172 251 MAITLAND AVENUE

ALTAMONTE SPRINGS, FL 32716 US SUITE 312

ALTAMONTE SPRINGS, FL 32701 US

ALTAMONTE SPRINGS, FL 32701

FEI Number: 83-0380787 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

GAUTHIER, SOOBADRA C
300 ISABELLA DRIVE
251 MAITLAND AVENUE

LONGWOOD, FL 32750 US SUITE 312

ALTAMONTE SPRINGS, FL 32701 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: SOOBADRA CAMILLE GAUTHIER 01/26/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

LONGWOOD, FL 32750

City-St-Zip:

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

Title: **PRFS** () Delete Title: PRFS (X) Change () Addition GAUTHIER, SOOBADRA C Name: Name: GAUTHIER, SOOBADRA C 300 ISABELLA DRIVE 251 MAITLAND AVENUE, SUITE 312 Address: Address: City-St-Zip: LONGWOOD, FL 32750 US City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

Title: SECT () Delete Title: SECT (X) Change () Addition Name: GAUTHIER, SOOBADRA C Name: GAUTHIER, SOOBADRA C

Address: 300 ISABELLA DRIVE Address: 251 MAITLAND AVENUE, SUITE 312 City-St-Zip: LONGWOOD, FL 32750 City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: TREA () Delete Title: TREA (X) Change () Addition
Name: GAUTHIER, SOOBADRA C
Address: 300 ISABELLA DRIVE Address: 251 MAITLAND AVENUE, SUITE 312

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.

City-St-Zip:

SIGNATURE: SOOBADRA CAMILLE GAUTHIER PRES 01/26/2006