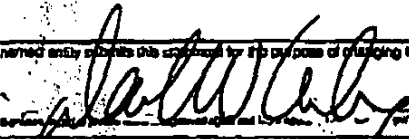


03/31/2006 FRI 11:04 FAX 941 747 2108 David W Wilcox PA
MAR-29-2006(WED) 14:40 kelley

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-03-2006 90384 034 *****8.75
04-28-2006 90147 020 ***141.25

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # PC4000005814			
1. Entity Name KELLEY DUBOVSKY, P.A.			
Principal Place of Business 6109 LAUREL CREEK TRAIL ELLENTON FL 34222		Mailing Address 6109 LAUREL CREEK TRAIL ELLENTON FL 34222	
2. Principal Place of Business 444 169th CNE		3. Mailing Address 444 169th CNE	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State BRADENTON, FLORIDA		City & State BRADENTON, FLORIDA	
4. FEI Number 30-0228483		Applied For Not Applicable	
5. Certificate of Status Declared ☐ \$8.75 Additional Fee Required		6. Certificate of Status Declared ☐ \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent WILCOX, DAVID W 308 13TH ST W BRADENTON FL 34205		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 this act. SIGNATURE  DATE 3-25-06			
FILE NOW!!! FEB 25 \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS / CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
DUBOVSKY, KELLEY 6109 LAUREL CREEK TRAIL ELLENTON FL 34222			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 13, 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 person 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 the empowered.			
SIGNATURE: 		3-2-06 941-920-0001	
Signature and Printed Name of named officer or director		Date	