

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90119 010 \*\*\*150.00

<b>DOCUMENT # P04000014596</b>					
<b>1. Entity Name</b> KOROTZER & BAILEY, P.A.					
<b>Principal Place of Business</b> 11550 NW 56 DRIVE 107 CORAL SPRINGS, FL 33076 US			<b>Mailing Address</b> 11550 NW 56 DRIVE 107 CORAL SPRINGS, FL 33076 US		
<b>2. Principal Place of Business</b> 8205 NW 106 <sup>th</sup> Ave Suite, Apt. #, etc.		<b>3. Mailing Address</b> 8205 NW 106 <sup>th</sup> Ave Suite, Apt. #, etc.			
<b>City &amp; State</b> TAMARAC, FL		<b>City &amp; State</b> TAMARAC, FL		<b>4. FEI Number</b> 11-3711394	
<b>Zip</b> 33321		<b>Country</b> USA		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				01042006 Chg-P CR2E034 (11/05)	
<b>6. Name and Address of Current Registered Agent</b> KOROTZER, LEE I 11550 NW 56 DRIVE 107 CORAL SPRINGS, FL 33076			<b>7. Name and Address of New Registered Agent</b> Name: Korotzer, Lee I Street Address (P.O. Box Number is Not Acceptable): 8205 NW 106 <sup>th</sup> Ave City: TAMARAC FL Zip Code: 33321		
<b>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.</b> SIGNATURE:  DATE: 1-19-06 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$350.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE: P NAME: KOROTZER, LEE I STREET ADDRESS: 11550 NW 56 DRIVE 107 CITY-ST-ZIP: CORAL SPRINGS, FL 33076	<input type="checkbox"/> Delete		TITLE: PRESIDENT NAME: KOROTZER, LEE I STREET ADDRESS: 8205 NW 106 <sup>th</sup> Ave CITY-ST-ZIP: TAMARAC, FL 33321	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: VP NAME: BAILEY, JULIA A STREET ADDRESS: 11550 NW 56 DRIVE 107 CITY-ST-ZIP: CORAL SPRINGS, FL 33076	<input type="checkbox"/> Delete		TITLE: VP NAME: BAILEY, JULIA A STREET ADDRESS: 8205 NW 106 <sup>th</sup> Ave CITY-ST-ZIP: TAMARAC, FL 33321	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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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	
<b>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.</b>					
<b>SIGNATURE:</b>			1-19-06 954-600-9433		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		