2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90213 020 ***150.00

DOCUMENT # P04000031611

1. Entity Name
THE LAW OFFICES OF JOSEPH K. BIRCH, P.A.

Principal Place of Business	Mailing Address
505 NORTH MILLS AVE. STE. 200 ORLANDO, FL 32802	PO BOX 2646 ORLANDO, FL 32802

04302006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
37 N. Orange Ave.	
Suite, Apt. #, etc.: Ste. 500	Suite, Apt. #, etc.
City & State: Orlando, FL	City & State
Zip: 32801 / Country: U.S.	Zip / Country

4. FEI Number: 57-1197282 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BIRCH, JOSEPH K
505 NORTH MILLS AVE. STE. 200
ORLANDO, FL 32802

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 37 N. Orange Ave., Ste. 500
City: Orlando **FL** Zip Code: 32801

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: [signature] Joseph K. Birch, President 04-30-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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	P BIRCH, JOSEPH K 505 N MILLS AVENUE, SUITE 200 ORLANDO, FL 32803 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 37 N. Orange Ave., Ste. 500 Orlando, FL 32801
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: [signature] Joseph K. Birch, President 04-30-06 407/247-6771
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #