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May 08, 2006 8:00 am
Secretary of State

05-08-2006 90292 044 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000032105

1. Entity Name
DONIA ADAMS ROBERTS, P.A.

Principal Place of Business	Mailing Address
1100 NORTH MAIN STREET SUITE C BELLE GLADE, FL 33430	~~1100 NORTH MAIN STREET~~ ~~SUITE C~~ ~~BELLE GLADE, FL 33430~~ P.O. Box 579 Pahokee, Fla, 33476

04202006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address P.O.BOX 579
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State PAHOKEE, FL
Zip / Country	Zip 33476 / Country USA

4. FEI Number 20-0799594 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ROBERTS, DONIA A ESQ.
1100 NORTH MAIN STREET
SUITE C
BELLE GLADE, FL 33430

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 the obligations of registered agent.

SIGNATURE [signature] 4/26/06
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	PVST ROBERTS, DONIA A 1100 NORTH MAIN STREET #C BELLE GLADE, FL 33430 ☐ 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] 4/26/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #