2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 26, 2006 08:00 AN Secretary of State **DOCUMENT # P04000044264** 1. Entity Name LENNY ETERNO, P.A. Mailing Address Principal Place of Business 14071 SW 15TH COURT 14071 SW 15TH COURT DAVIE, FL 33325 DAVIE, FL 33325 04132006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 04-3787142 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ETERNO, LENNY DO NOT WRITE 14071 SW 15TH COURT **DAVIE, FL 33325** IN THIS SPACE 3. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida, I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS TITLE ETERNO, LENNY NAME STREET ADDRESS 14071 SW 15TH COURT U00000536953 CITY - ST - ZIP **DAVIE, FL 33325** 05/08/06-80111-019 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE City-St-Zip IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIE TITLE

12. I hereby certify that the information supplied with this filling 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:

NAME STREET ADDRESS

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/06

954-931-0928

Daytinie Phone

FILED