

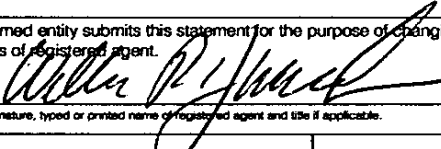
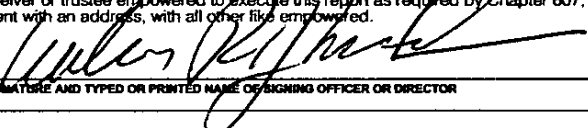


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-03-2006 90227 035 \*\*\*150.00

<b>DOCUMENT # P04000051853</b> 1. Entity Name <b>WILLIAM R. HUMRIGHOUSE P.A.</b>															
Principal Place of Business <b>FAIRWAY FINANCIAL CENTER 10 FAIRWAY DR SUITE 108 DEERFIELD BEACH, FL 33441</b>			Mailing Address <b>327 FARNHAM P DEERFIELD BEACH, FL 33442</b>												
2. Principal Place of Business <b>327 FARNHAM P DEERFIELD BEACH FL 33442</b>		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country													
4. FEI Number <b>90-0151769</b>		Applied For <input type="checkbox"/> Not Applicable		01232006 Chg-P CR2E034 (11/05)											
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent <b>HUMRIGHOUSE, WILLIAM R 327 FARNHAM P. DEERFIELD BEACH, FL 33442</b>											
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  DATE											
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%;">STREET ADDRESS</td> <td style="width:10%;">CITY-ST-ZIP</td> <td style="width:10%; text-align: right;">Delete</td> </tr> <tr> <td></td> <td>P HUMRIGHOUSE, WILLIAM R</td> <td>327 FARNHAM P.</td> <td>DEERFIELD BEACH, FL 33442</td> <td><input type="checkbox"/></td> </tr> </table>		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete		P HUMRIGHOUSE, WILLIAM R	327 FARNHAM P.	DEERFIELD BEACH, FL 33442	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete											
	P HUMRIGHOUSE, WILLIAM R	327 FARNHAM P.	DEERFIELD BEACH, FL 33442	<input type="checkbox"/>											
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%;">STREET ADDRESS</td> <td style="width:10%;">CITY-ST-ZIP</td> <td style="width:10%; text-align: right;">Change Addition</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> </table>		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change Addition					<input type="checkbox"/> <input type="checkbox"/>	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 files empowered.			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change Addition											
				<input type="checkbox"/> <input type="checkbox"/>											
SIGNATURE: 		Date: <b>4/25/2006</b>		Daytime Phone #: <b>954-571-7050</b>											