2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000067903

Entity Name: KARLA A MOREIRA PA

FILED Jan 12, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

8604 PINION DRIVE LAKEWORTH, FL 33467

Current Mailing Address: New Mailing Address:

8604 PINION DRIVE LAKEWORTH, FL 33467

FEI Number: 20-1041969 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MOREIRA, KARLA

10880 LA SALINAS CIRCLE

BOCA RATON, FL 33428 US

MOREIRA, JOHN

8604 PINION DRIVE

LAKEWORTH, FL 33467 US

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.

SIGNATURE: JOHN MOREIRA 01/12/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition Name: MOREIRA, KARLA A Name: MOREIRA, JOHN A

Address: 10880 LA SALINAS CIRCLE Address: 8604 PINION DRIVE
City-St-Zip: BOCA RATON, FL 33428 City-St-Zip: LAKEWORTH, FL 33467

Title: V () Delete Title: V (X) Change () Addition Name: JOHN, MOREIRA Name: VICTOR, CARRILLO A SR.

 Name:
 JOHN, MOREIRA
 Name:
 VICTOR, CARRILLO A SF

 Address:
 8604 PINION DRIVE
 Address:
 8604 PINION DRIVE

 City-St-Zip:
 LAKEWORTH, FL 33467
 City-St-Zip:
 LAKEWORTH, FL 33467

Title: S () Delete Title: S (X) Change () Addition

 Name:
 VICTOR, CARRILLO
 Name:
 KARLA, MOREIRA

 Address:
 8604 PINION DRIVE
 Address:
 8604 PINION DRIVE

 City-St-Zip:
 LAKEWORTH, FL 33467
 City-St-Zip:
 LAKEWORTH, FL 33467

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KARLA MOREIRA S 01/12/2006