## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000070385

910 S E 17TH STREET CSWY

FT LAUDERDALE, FL 33316

Address:

City-St-Zip:

Entity Name: JOLINE RIVARD, P.A.

FILED Jan 16, 2006 Secretary of State

| Current Principal Place of Business:                                                    |                                   | New Principal Place of           | New Principal Place of Business:             |  |
|-----------------------------------------------------------------------------------------|-----------------------------------|----------------------------------|----------------------------------------------|--|
| 910 SOUTHEAST 17TH<br>SUITE 300<br>FT LAUDERDALE, FL 3                                  |                                   |                                  |                                              |  |
| Current Mailing Address:                                                                |                                   | New Mailing Address:             |                                              |  |
| 910 SOUTHEAST 17TH<br>SUITE 300<br>FT LAUDERDALE, FL (                                  |                                   |                                  |                                              |  |
| FEI Number: 06-1724664                                                                  | 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: |                                   |                                  |                                              |  |
| JENNINGS, EDWARD (<br>200 SE 18TH CT<br>FT LAUDERDALE, FL (                             |                                   |                                  |                                              |  |
| The above named entity in the State of Florida.                                         | submits this statement for the pu | rpose of changing its registered | office or registered agent, or both,         |  |
| SIGNATURE:                                                                              |                                   |                                  |                                              |  |
| Electro                                                                                 | nic Signature of Registered Agen  | t                                | Date                                         |  |
| Election Campaign Financir                                                              | ng Trust Fund Contribution ( ).   |                                  |                                              |  |
| OFFICERS AND DIRECTORS:                                                                 |                                   | ADDITIONS/CHANGE                 | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title: D (                                                                              | ) Delete<br>NE                    | Title:                           | ( ) Change ( ) Addition                      |  |

Address:

City-St-Zip:

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: JOLINE RIVARD D 01/16/2006