

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90213 020 ***150.00



DOCUMENT # P04000071779
 1. Entity Name
 JAYNEANNE BLANKENBURG, P.A.

Principal Place of Business
 20 MOODY DR
 PALM COAST, FL 32137

Mailing Address
 20 MOODY DR
 PALM COAST, FL 32137

2. Principal Place of Business
 277 Westhampton
 Suite, Apt. #, etc.

3. Mailing Address
 277 Westhampton
 Suite, Apt. #, etc.

City & State
 Palm Coast Fl.

City & State
 Palm Coast Fl.

Zip
 32164

Country
 USA

Zip
 32164

Country
 USA

04232006 Chg-P CR2E034 (11/05)

4. FEI Number
 APPLIED FOR 146-46-9265

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 ALLATIN, ROBERT
 34 WILDWOOD TRAIL
 ORMOND BCH, FL 32174

7. Name and Address of New Registered Agent
 Name: SAME Allatin, Robert
 Street Address, (P.O. Box Number is Not Acceptable)
 34 Wildwood Trail
 City: Ormond Beach FL Zip Code: 32174

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]
 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	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLANKENBURG, JAYNEANNE	NAME	
STREET ADDRESS	20 MOODY DR	STREET ADDRESS	
CITY-ST-ZIP	PALM COAST, FL 32137	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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]
 Signature, typed or printed name of signing officer or director

Date: 4-22-06 Daytime Phone #: 386-986-9390