

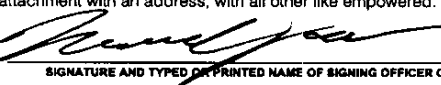


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90349 029 ***150.00

DOCUMENT # P04000081677 1. Entity Name MICHAEL JOHN ROGERS, P.A.					
Principal Place of Business 303-A N TEXAS AVE TAVARES, FL 32778			Mailing Address 303-A N TEXAS AVE TAVARES, FL 32778		
2. Principal Place of Business P.O. Box 2047 <small>Suite, Apt. #, etc.</small>		3. Mailing Address P.O. Box 2047 <small>Suite, Apt. #, etc.</small>			
City & State Eustis <small>Zip</small> 32727-2047 <small>Country</small> U.S.A.		City & State Eustis <small>Zip</small> 32727-2047 <small>Country</small> USA		4. FEI Number 20-1077714	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ROGERS, MICHAEL J 303-A N TEXAS AVE TAVARES, FL 32778			7. Name and Address of New Registered Agent Name Michael J. Rogers Street Address (P.O. Box Number is Not Acceptable) 804 N. Bay St. City Eustis FL <small>Zip Code</small> 32726		
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  Michael J. Rogers President 3/29/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROGERS, MICHAEL J 303-A N TEXAS AVE TAVARES, FL 32778	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Michael J. Rogers 804 N. Bay St. Eustis, FL 32726	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  Michael J. Rogers 3/29/06 352-483-4888 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					