


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2006 8:00 am**  
**Secretary of State**


03-28-2006 90124 025 \*\*\*150.00

<b>DOCUMENT # P04000082326</b>	
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1. Entity Name  
**JOHN J. SADLER, E.A., P.A.**

Principal Place of Business <b>3589 E COVE PARK TRAIL HERNANDO, FL 34442</b>	Mailing Address <b>3589 E COVE PARK TRAIL HERNANDO, FL 34442</b>
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2. Principal Place of Business <b>482 N. FRESNO AVE</b>	3. Mailing Address <b>482 N. FRESNO AVE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>HERNANDO, FL</b>	City & State <b>HERNANDO, FL</b>
Zip <b>34442</b>	Country <b>U.S.</b>

	
02212006	Chg-P CR2E034 (11/05)
4. FEI Number <b>33-1093036</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>SADLER, JOHN J 3589 E COVE PARK TRAIL HERNANDO, FL 34442</b>	
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7. Name and Address of New Registered Agent Name <b>SADLER, JOHN J.</b> Street Address (P.O. Box Number is Not Acceptable) <b>482 N FRESNO AVE</b> City <b>HERNANDO</b> FL Zip Code <b>34442</b>	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) 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</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT SADLER, JOHN J 3589 E COVE PARK TRAIL HERNANDO, FL 34442 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT SADLER, JOHN J 482 N. FRESNO AVE HERNANDO, FL 34442 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS SADLER, DADE E 3589 E COVE PARK TRAIL HERNANDO, FL 34442 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS SADLER, DADE E 482 N FRESNO AVE HERNANDO, FL 34442 <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
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

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: *John J. Sadler* John J. Sadler, President 3/24/2006 352-527-9441