2006 FOR PROFIT CORPORATION

Apr 12, 2006 08:00 AM Secretary of State **ANNUAL REPORT DOCUMENT # P04000085136** 1. Entity Name ROZENSKY, ILKKA & ASSOCIATES, P.A. Principal Place of Business Mailing Address 3495 WEDGEWOOD LANE 8301 COUNTY ROAD 44 LEG A LEESBURG, FL 34778 THE VILLAGES, FL 32162 04042006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1183603 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ILKKA, DON J DO NOT WRITE 8301 COUNTY ROAD 44 LEG A LEESBURG, FL 34778 IN THIS SPACE 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, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstaling DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWIL FEE 13 \$150.00 After May 1, 2006 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS Ð TITLE ILKKA, DON J DDS NAME U00000503351 8301 COUNTY ROAD 44 LEG A STREET ADDRESS 04/26/06-80030-003 150.bc LEESBURG, FL 34778 C137 - S3 - Z3P ROZENSKY, RICHARD W NAME 8728 SE 165 MULBERRY LANE STREET ADDRESS CITY-ST-ZIP THE VILLAGES, FL 32162 TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CUTY-ST-ZIP NAME STREET ADDRESS

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 of 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:

CITY-ST-ZIP TITLE NAME STREET ADDRESS

PRESIDENT

FILED