

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90209 003 \*\*\*150.00

**2006 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

DOCUMENT # P04000103653  
 1. Entity Name  
 ELIZABETH DELISSER, P.A.



40083324

Principal Place of Business      Mailing Address  
 208 NW 101 AVE                      208 NW 101 AVE  
 PLANTATION, FL 33324              PLANTATION, FL 33324

2. Principal Place of Business      3. Mailing Address  
 208 NW 101 AVE                      208 NW 101 AVE

Suite, Apt. #, etc.                      Suite, Apt. #, etc.

City & State      City & State  
 PLANTATION                      PLANTATION

Zip      Country      Zip      Country  
 33324      USA                      33324      USA



04202006      Chg-P      CR2E034 (11/05)

4. FEI Number      Applied For  
 20-1420745                      Not Applicable

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

6. Name and Address of Current Registered Agent  
 DELISSER, ELIZABETH  
 208 NW 101 AVE  
 PLANTATION, FL 33324

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      FL      Zip Code

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      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	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELISSER, ELIZABETH	NAME	
STREET ADDRESS	208 NW 101 AVE	STREET ADDRESS	
CITY- ST- ZIP	PLANTATION, FL 33324	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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an affidavit of power or other like empowered.

SIGNATURE:      DATE: 4/28/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR