2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000117877

1. Entity Name
NOREEN WISCOVITCH-RENTAS, P.A.

Principal Place of Business	Mailing Address
P.O. BOX 20438 WEST PALM BEACH, FL 33416	P.O. BOX 20438 WEST PALM BEACH, FL 33416

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	03152006 Chg-P CR2E034 (11/05)
City & State	City & State	4. FEI Number 34-2010992 / Applied For / Not Applicable
Zip / Country	Zip / Country	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WISCOVITCH-RENTAS, NOREEN 6546 SPRING MEADOW DRIVE GREENACRES, FL 33413	Name _Noreen Wiscovitch-Rentas_ Street Address (P.O. Box Number is Not Acceptable) _605 Belvedere Rd, Suite 18_ City _West Palm Bch_ FL Zip Code _33405_

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 _Noreen Wiscovitch Rentas_   _March 16, 2006_
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 NAME STREET ADDRESS CITY-ST-ZIP	P WISCOVITCH-RENTAS, NOREEN P.O. BOX 20194 WEST PALM BEACH, FL 33413	☐ Delete	TITLE P NAME STREET ADDRESS CITY-ST-ZIP	_Noreen Wiscovitch-Rentas_ _P.O. Box 20438_ _WPB, FL 33416_	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/S WISCOVITCH-RENTAS, NOREEN P.O. BOX 20194 WEST PALM BEACH, FL 33413	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_T/S_ _Noreen Wiscovitch-Rentas_ _P.O. Box 20438_ _WPB, FL 33416_	☑ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: _Noreen Wiscovitch Rentas, President_   _March 16, 2006_ (561) 596-4183
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #