





# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2006 8:00 am**  
**Secretary of State**

01-11-2006 90009 030 \*\*\*158.75

<b>DOCUMENT # P04000125460</b>																																																																							
<b>1. Entity Name</b> THOMAS A. DVORAK, INC.																																																																							
<b>Principal Place of Business</b> 3001 CORAL SHORES DR FT LAUDERDALE, FL 33306			<b>Mailing Address</b> 3001 CORAL SHORES DR FT LAUDERDALE, FL 33306																																																																				
<b>2. Principal Place of Business</b> 2510 E. Oakland Park Blvd. Suite, Apt. #, etc.		<b>3. Mailing Address</b> 2510 E. Oakland Park Blvd. Suite, Apt. #, etc.																																																																					
<b>City &amp; State</b> Fort Lauderdale, FL		<b>City &amp; State</b> Fort Lauderdale, FL		<b>4. FEI Number</b> 42-1643799																																																																			
<b>Zip</b> 33306		<b>Country</b> United States		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																																																			
<b>6. Name and Address of Current Registered Agent</b> DVORAK, THOMAS W. 2055 S KANNER HWY. STUART, FL 34994				<b>7. Name and Address of New Registered Agent</b> Name: Dvorak, Thomas W. Street Address (P.O. Box Number is Not Acceptable): 2510 E. Oakland Park Blvd. City: Fort Lauderdale FL Zip Code: 33306																																																																			
<b>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.</b>																																																																							
SIGNATURE:  Thomas W. Dvorak <span style="float: right;">1/9/06</span> <small>(NOTE: Registered Agent signature required when reissuing)</small>																																																																							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																																																																					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">DPTS</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">DPTS</td> <td style="width: 30%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>DVORAK, THOMAS A</td> <td></td> <td>NAME</td> <td>Dvorak, Thomas A.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3001 CORAL SHORES DR</td> <td></td> <td>STREET ADDRESS</td> <td>2510 E. Oakland Park Blvd.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FT LAUDERDALE, FL 33306</td> <td></td> <td>CITY-ST-ZIP</td> <td>Fort Lauderdale, FL 33306</td> <td></td> </tr> <tr> <td> </td> <td> </td> <td><input type="checkbox"/> Delete</td> <td> </td> <td> </td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td> </td> <td> </td> <td><input type="checkbox"/> Delete</td> <td> </td> <td> </td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td> </td> <td> </td> <td><input type="checkbox"/> Delete</td> <td> </td> <td> </td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td> </td> <td> </td> <td><input type="checkbox"/> Delete</td> <td> </td> <td> </td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td> </td> <td> </td> <td><input type="checkbox"/> Delete</td> <td> </td> <td> </td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td> </td> <td> </td> <td><input type="checkbox"/> Delete</td> <td> </td> <td> </td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	DPTS	<input type="checkbox"/> Delete	TITLE	DPTS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	DVORAK, THOMAS A		NAME	Dvorak, Thomas A.		STREET ADDRESS	3001 CORAL SHORES DR		STREET ADDRESS	2510 E. Oakland Park Blvd.		CITY-ST-ZIP	FT LAUDERDALE, FL 33306		CITY-ST-ZIP	Fort Lauderdale, FL 33306				<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>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.</b>																																																																							
<b>SIGNATURE:</b>  Thomas W. Dvorak, Authorized Representative (954) 537-1337 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																							