

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000132227 1. Entity Name THE LAW OFFICE OF TIMOTHY H. OLENN, P.A.	
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Principal Place of Business 1200 N. FEDERAL HWY STE 200 BOCA RATON, FL 33432 US	Mailing Address 1200 N. FEDERAL HWY STE 200 BOCA RATON, FL 33432 US
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DO NOT WRITE IN THIS SPACE



01252006 No Chg-P CR2E034 (11/05)

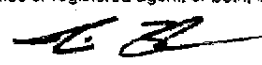
4. FEI Number 20-1648415	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.75 Additional Fee Required

5. Name and Address of Current Registered Agent

OLENN, TIMOTHY H 1355 W. PALMETTO PARK RD #114 BOCA RATON, FL 33486
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**DO NOT WRITE
IN THIS SPACE**

6. 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.

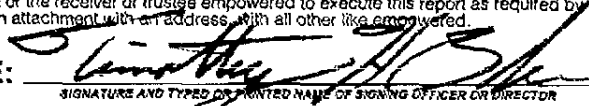
SIGNATURE  DATE 1/25/06
Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when reinstating)

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	000000505985 04/27/06-00005-003 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO OLENN, TIM 1355 W. PALMETTO PARK RD #114 BOCA RATON, FL 33486
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:  DATE 1/25/06 561-210-8697
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR