

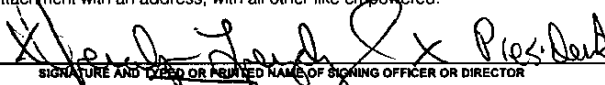


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2006 8:00 am**  
**Secretary of State**

04-19-2006 90082 014 \*\*\*150.00

<b>DOCUMENT # P04000132664</b> 1. Entity Name <b>LEYDIG &amp; GETTLEMEN, P.A.</b>					
Principal Place of Business <b>970 N. U.S. HIGHWAY 1 SUITE 5 COCOA, FL 32922</b>			Mailing Address <b>970 N. U.S. HIGHWAY 1 SUITE 5 COCOA, FL 32922</b>		
2. Principal Place of Business <b>965 N. NOB HILL RD. #105</b> Suite, Apt. #, etc. <b>105</b>		3. Mailing Address <b>965 N. NOB HILL RD.</b> Suite, Apt. #, etc. <b>105</b>			
City & State <b>Plantation, FL</b> Zip <b>33324</b>		City & State <b>Plantation, FL</b> Zip <b>33324</b>		4. FEI Number <b>04-3799973</b> Applied For <input type="checkbox"/> Not Applicable	
Country <b>USA</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>GETTLEMEN, CARLA R 970 N. U.S. HIGHWAY 1 SUITE 5 COCOA, FL FL</b>				7. Name and Address of New Registered Agent Name <b>GETTLEMEN CARLA R.</b> Street Address (P.O. Box Number is Not Acceptable) <b>133 Atkinson St.</b> City <b>Cocoa</b> <b>FL</b> Zip Code <b>32922</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. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D LEYDIG, JERALYN A 1965 N. NOB HILL ROAD #105 PLANTATION, FL 33324		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>965 N. NOB HILL RD. #105 Plantation, FL 33324</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GETTLEMEN, CARLA R 970 N. U.S. HIGHWAY 1, SUITE 5 COCOA, FL 32922		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>133 Atkinson St. Cocoa, FL 32922</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEYDIG, JERALYN A 1965 N. NOB HILL ROAD #105 PLANTATION, FL 33324		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>965 N. NOB HILL RD. #105 Plantation, FL 33324</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S, D GETTLEMEN, CARLA R 970 N. U.S. HIGHWAY 1, SUITE 5 COCOA, FL 32922		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>133 Atkinson St. Cocoa, FL 32922</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 			Date: <b>4-12-06</b> Daytime Phone #: <b>X954-651-1362</b>		