2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER O

FILED Jan 30, 2006 08:00 AN DOCUMENT # P04000139735 Secretary of State 1. Entity Name SAHAR AFSORDEH, P.A. Mailing Address Principal Place of Business 12755 PINEFOREST WAY NORTH 12755 PINE FOREST WAY N LARGO, FL 33773 LARGO, FL 33773 No Chg-P CR2E034 (11/05) 01192006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1828521 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent The property of the second sec DO NOT WRITE AFSORDEH, SAHAR 12755 PINEFOREST WAY N 4TH FLOOR IN THIS SPACE LARGO, FL 33773 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 rainstating) DATE Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be unn0000407771 FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 02/08/06-80035-005 150.00 OFFICERS AND DIRECTORS 10. PSTD TITLE AFSORDEH, SAHAR NAME STREET ADDRESS. 912 SOUTH MISSOURI AVENUE CLEARWATER, FL 33756 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 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 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.