

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000143236

FILED  
Mar 08, 2006  
Secretary of State

Entity Name: KIMBERLY CONFORTI, P.A.

## Current Principal Place of Business:

309 BELLEVIEW BLVD  
BELLEAIR, FL 34756

## New Principal Place of Business:

P O BOX 512  
TARPON SPRINGS, FL 34689

## Current Mailing Address:

PO BOX 512  
TARPON SPRINGS, FL 34689

## New Mailing Address:

FEI Number: 20-1694906      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CONFORTI, KIMBERLY  
100 OAKMONT LANE  
BELLEAIR, FL 33756      US

## Name and Address of New Registered Agent:

CONFORTI, KIMBERLY  
P O BOX 512  
TARPON SPRINGS, FL 34689      US

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.

SIGNATURE: KIMBERLY CONFORTI

03/08/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: CONFORTI, KIMBERLY  
Address: 100 OAKMONT LANE  
City-St-Zip: BELLEAIR, FL 33756

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: CONFORTI, KIMBERLY  
Address: P O BOX 512  
City-St-Zip: TARPON SPRINGS, FL 34689

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIMBERLY CONFORTI

PRES

03/08/2006

Electronic Signature of Signing Officer or Director

Date