

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000154366

FILED
Apr 28, 2006
Secretary of State

Entity Name: CHARLENE M AMATRUDI, P.A.

Current Principal Place of Business:

524 NW WAVERLY CIR
PORT ST LUCIE, FL 34983

New Principal Place of Business:

5085 TOPAZ LANE SW
VERO BEACH, FL 32968

Current Mailing Address:

524 NW WAVERLY CIR
PORT ST LUCIE, FL 34983

New Mailing Address:

5085 TOPAZ LANE SW
VERO BEACH, FL 32968

FEI Number: 20-1875503

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMATRUDI, CHARLENE M
627 NW STANFORD LANE
PORT ST LUCIE, FL 34983 US

Name and Address of New Registered Agent:

AMATRUDI, CHARLENE M
5085 TOPAZ LANE SW
VERO BEACH, FL 32968 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: CHARLENE M AMATRUDI

04/28/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: AMATRUDI, CHARLENE M
Address: 627 NW STANFORD LANE
City-St-Zip: PORT ST LUCIE, FL 34983

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: AMATRUDI, CHARLENE M
Address: 5085 TOPAZ LANE SW
City-St-Zip: VERO BEACH, FL 32968

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: CHARLENE M AMATRUDI

P

04/28/2006

Electronic Signature of Signing Officer or Director

Date