

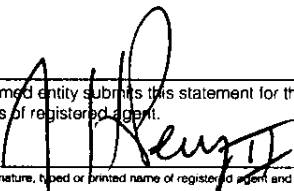
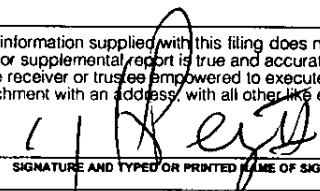


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90178 046 \*\*\*150.00

<b>DOCUMENT # P04000154576</b> 1. Entity Name <b>THE PERRY LAW FIRM, P.A.</b>																													
Principal Place of Business <b>9130 SOUTH DADELAND BLVD., STE. 1500 MIAMI, FL 33156</b>				Mailing Address <b>9130 SOUTH DADELAND BLVD., STE. 1500 MIAMI, FL 33156</b>																									
2. Principal Place of Business <b>2550 S. Bayshore Drive</b> Suite, Apt. #, etc. <b>Suite # 11</b>		3. Mailing Address <b>2550 S. Bayshore Drive</b> Suite, Apt. #, etc. <b>Suite # 11</b>																											
City & State <b>Miami FL</b>		City & State <b>Miami FL</b>		4. FEI Number <b>20-1879621</b>																									
Zip <b>33133</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>PERRY, JAMES H II</b> <b>9130 SOUTH DADELAND BLVD., STE. 1500</b> <b>MIAMI, FL 33156</b>				7. Name and Address of New Registered Agent Name <b>James H. Perry II</b> Street Address (P.O. Box Number is Not Acceptable) <b>2550 South Bayshore Drive Suite # 11</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33133</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  DATE <b>4-18-06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
<b>FILE NOW!!! FEE IS \$150.00</b> <b>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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td><b>PERRY, JAMES H II</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>9130 SOUTH DADELAND BLVD., STE. 1500</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>MIAMI, FL 33156</b></td> <td></td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Delete	NAME	<b>PERRY, JAMES H II</b>		STREET ADDRESS	<b>9130 SOUTH DADELAND BLVD., STE. 1500</b>		CITY-ST-ZIP	<b>MIAMI, FL 33156</b>		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td><b>James H. Perry II</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>2550 S. Bayshore Drive # 11</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>Miami FL 33133</b></td> <td></td> </tr> </table>			TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	<b>James H. Perry II</b>		STREET ADDRESS	<b>2550 S. Bayshore Drive # 11</b>		CITY-ST-ZIP	<b>Miami FL 33133</b>	
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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: 																													
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													
<small>Date</small>																													
<small>Daytime Phone #</small>																													