2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# P05000006219

Entity Name: BYRD AND GONZALEZ, P.A.

Current Principal Place of Business:

3825 HENDERSON BLVD SUITE 600
TAMPA, FL 33629

New Principal Place of Business:

217 N LOIS AVE
TAMPA, FL 33609

Current Mailing Address:

3825 HENDERSON BLVD SUITE 600
TAMPA, FL 33629

New Mailing Address:

217 N LOIS AVE
TAMPA, FL 33609

FEI Number: 20-2233252 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GONZALEZ, ANTHONY J
3825 HENDERSON BLVD SUITE 600
TAMPA, FL 33629 US

Name and Address of New Registered Agent:

GONZALEZ, ANTHONY J
217 N LOIS AVE
TAMPA, FL 33609 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: 05/01/2006
Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BYRD, WILLIAM W
Address: 3825 HENDERSON BLVD SUITE 600
City-St-Zip: TAMPA, FL 33629

Title: V ( ) Delete
Name: GONZALEZ, ANTHONY J
Address: 3825 HENDERSON BLVD SUITE 600
City-St-Zip: TAMPA, FL 33629

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: BYRD, WILLIAM W
Address: 217 N LOIS AVE
City-St-Zip: TAMPA, FL 33609

Title: V (X) Change ( ) Addition
Name: GONZALEZ, ANTHONY J
Address: 217 N LOIS AVE
City-St-Zip: TAMPA, FL 33609

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: WILLIAM W BYRD P 05/01/2006
Electronic Signature of Signing Officer or Director — Date