


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 28, 2006 8:00 am**  
**Secretary of State**

07-28-2006 90030 011 \*\*\*158.75

<b>DOCUMENT # P05000006864</b>		
1. Entity Name <b>KARPF &amp; KARPF, P.A.</b>		
Principal Place of Business <b>138 ESPERANZA WAY PALM BEACH, FL 33418</b>		Mailing Address <b>138 ESPERANZA WAY PALM BEACH, FL 33418</b>
2. Principal Place of Business <b>3168 Hamblin Way</b>	3. Mailing Address <b>11924 Forest Hill Blvd</b>	
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>Suite 22-336</b>	
City & State <b>Wellington FL</b>	City & State <b>Wellington FL</b>	
Zip <b>33414</b>	Country <b>USA</b>	Zip <b>33414</b> Country <b>USA</b>



07052006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent <b>BLUMBERGEXCELSIOR CORPORATE SERVICES, INC. 4435 OLD WINTER GARDEN RD ORLANDO, FL 32811</b>		7. Name and Address of New Registered Agent Name <b>Jeffrey S Karpf</b> Street Address (P.O. Box Number is Not Acceptable) <b>3168 Hamblin Way</b> City <b>Wellington</b> FL Zip Code <b>33414</b>	
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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.

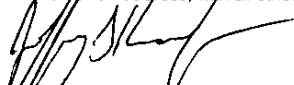
SIGNATURE  Director DATE **7/25/2006**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KARPF, JEFFREY S 138 ESPERANZA WAY PALM BEACH, FL 33418</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>3168 Hamblin Way Wellington, FL 33414</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KARPF, STEPHANIE K 138 ESPERANZA WAY PALM BEACH, FL 33418</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>3168 Hamblin Way Wellington, FL 33414</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  7/25/06