


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90237 044 \*\*\*150.00

**DOCUMENT # P05000012106**

1. Entity Name  
**DEBORAH MARIE LONDON, P.A.**



Principal Place of Business  
**2829 NE 33 CT. #505 601**  
**FT. LAUDERDALE, FL 33306**

Mailing Address  
**10100 W. SAMPLE RD.**  
**STE: 326**  
**CORAL SPRINGS, FL 33065**

**20043831**



2. Principal Place of Business  
 Suite, Apt. #, etc. **601**  
 City & State

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State

04212006 Chg-P CR2E034 (11/05)

City & State

4. FEI Number  
**20-2710674**

Applied For  
 Not Applicable

City & State

Zip Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARK I. INGBER, CPA, P.A.**  
**10100 W. SAMPLE RD.**  
**STE: 326**  
**CORAL SPRINGS, FL 33065**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| TITLE | NAME              | STREET ADDRESS          | CITY-ST-ZIP              | <input type="checkbox"/> Delete |
|-------|-------------------|-------------------------|--------------------------|---------------------------------|
| DPST  | LONDON, DEBORAH M | 2829 NE 33 CT. #505 601 | FT. LAUDERDALE, FL 33306 | <input type="checkbox"/>        |
|       |                   |                         |                          | <input type="checkbox"/>        |
|       |                   |                         |                          | <input type="checkbox"/>        |
|       |                   |                         |                          | <input type="checkbox"/>        |
|       |                   |                         |                          | <input type="checkbox"/>        |
|       |                   |                         |                          | <input type="checkbox"/>        |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |

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: Deborah M. London **Deborah M. London, President 4/26/06** **954-510-0109**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #