



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2006 8:00 am**  
**Secretary of State**

02-16-2006 90056 028 \*\*\*150.00

<b>DOCUMENT # P05000038480</b> 1. Entity Name <b>LINDA ATKINSON, P.A.</b>					
Principal Place of Business <b>24127 BUCKINGHAM WAY PORT CHARLOTTE, FL 33980</b>				Mailing Address <b>24127 BUCKINGHAM WAY PORT CHARLOTTE, FL 33980</b>	
2. Principal Place of Business <b>2290 JASMINE WAY</b> Suite, Apt. #, etc.		3. Mailing Address <b>2290 JASMINE WAY</b> Suite, Apt. #, etc.			
City & State <b>NORTH PORT, FL</b> Zip <b>34287</b> Country <b>USA</b>		City & State <b>NORTH PORT, FL</b> Zip <b>34287</b> Country <b>USA</b>		4. FEI Number <b>54-2168774</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				02102006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent <b>HEEKIN, JOHN C 21202 OLEAN BLVD SUITE C-2 PORT CHARLOTTE, FL 33952</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 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>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ATKINSON, LINDA 24127 BUCKINGHAM WAY PORT CHARLOTTE, FL 33980</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT ATKINSON, LINDA 2290 JASMINE WAY NORTH PORT, FL 34287</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	
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.					
<b>SIGNATURE: <u>Linda Atkinson</u> LINDA ATKINSON</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date <b>2-13-06</b> Daytime Phone # <b>941-661-4294</b>	

ATTACHMENT 40014797

**Annual Disclosure Statement**ANNUAL MINUTES  
SHAREHOLDERS AND DIRECTORS  
(Domestic Stock Corporation Only)

This Space is for Office Use Only

**\*\*ANNUAL FEE: \$150.00\*\***DISCLOSURE INFORMATION MUST BE LEGIBLE AND WRITTEN OR TYPED IN BLUE OR BLACK INK ONLY  
CORPORATE BUSINESS NUMBER: P05000038480

1/20/2006

REPLY BY: 2/17/2006

LINDA ATKINSON, P.A.  
24127 BUCKINGHAM WAY  
PORT CHARLOTTE, FL, 33980**FLORIDA CORPORATION BUSINESS AND RECORDS CODE**

607.1601 (1) Each corporation shall keep as permanent records minutes of all meetings of its shareholders and board of directors, a record of all actions taken by the shareholders or board of directors without a meeting, and a record of all actions taken by a committee of the board of directors in place of the board of directors on behalf of the corporation. (2) A corporation shall maintain its records in written form or in another form capable of conversion into written form within a reasonable time. (3) Its bylaws or restated bylaws and all amendments to them currently in effect; (4) The minutes of all shareholders' meetings and records of all action taken by shareholders without a meeting for the past 3 years; (5) A list of the names and business street addresses of its current directors and officers;

COMPLETE THE ADDRESS FOR THE FOLLOWING (Do not abbreviate the name of the City.)

1. STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE

CITY AND STATE

ZIP CODE

2290 JASMINE WAY NORTH PORT, FL 34287

2. MAILING ADDRESS IF DIFFERENT FROM ABOVE

CITY AND STATE

ZIP CODE

2290 JASMINE WAY NORTH PORT, FL 34287

Failure to complete the form and submit with the proper fee by the above reply date may cause delay of processing and mailing back of the annual minutes of your corporation. All information must be legible for proper processing.

**3. NAMES, ADDRESS AND TITLES OF ALL DIRECTORS, INCLUDING DIRECTORS WHO ARE ALSO OFFICERS**

(The Corporation must have at least one director. Attach additional pages, if necessary.)

NAME

ADDRESS

NORTH PORT

TITLE

LINDA ATKINSON

2290 JASMINE WAY FL 34287

PRESIDENT

NAME

ADDRESS

TITLE

NAME

ADDRESS

TITLE

**4. NAMES OF ALL SHAREHOLDERS (IF APPLICABLE), INCLUDING DIRECTORS WHO ARE ALSO SHAREHOLDERS. ALL INFORMATION MUST BE LEGIBLE AND ACCURATE FOR PROPER BOARD PROCESSING.**

NAME

ADDRESS

ZIP

NAME

ADDRESS

ZIP

NAME

ADDRESS

ZIP

BY SUBMITTING THIS DISCLOSURE STATEMENT OF INFORMATION AND FOR THE PROCESSING OF ANNUAL MINUTES TO CORPORATE MINUTE SERVICES, THE CORPORATION CERTIFIES THE INFORMATION CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT.

Requirement Code (604.1601) This product or service has not been approved or endorsed by any government agency, and this offer is not being made by an agency of the government. Though the state says each corporation shall comply with section. (Sec.3001)(d) You are under no obligation to make any payments on account of this offer unless you accept this offer. This is a service for the order of goods or services, and not a bill, invoice or statement of account due.

LINDA ATKINSON  
PRINT NAME OF OFFICER OR AGENT

SIGNATURE

TITLE

DATE

PHONE #