

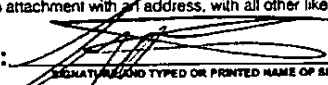


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2006 8:00 am
Secretary of State

04-26-2006 90197 019 ***150.00

DOCUMENT # P05000039950			
1. Entity Name LILY ESPOSITO, P.A. <i>LILIANA ESPOSITO, P.A.</i>			
Principal Place of Business 120 LIVE OAK LANE LARGO, FL 33770		Mailing Address 120 LIVE OAK LANE LARGO, FL 33770	
2. Principal Place of Business <i>114 LIVE OAK LANG</i>		3. Mailing Address <i>114 LIVE OAK LANG</i>	
Suite, Apt. #, etc. <i>LARGO, FL</i>		Suite, Apt. #, etc.	
City & State		City & State <i>LARGO, FL</i>	
Zip <i>33770</i>	Country <i>US</i>	Zip <i>33770</i>	Country <i>UNITED STATES</i>
6. Name and Address of Current Registered Agent <i>ESPOSITO, LILY LILIANA</i> <i>120 LIVE OAK LANE</i> <i>LARGO, FL 33770</i>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <i>FL</i> 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 <i>4-20-06</i>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ESPOSITO, LILY LILIANA 120 LIVE OAK LANE LARGO, FL 33770 <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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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: 		DATE <i>4-20-06</i> 741-5397	