2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 24, 2006 8:00 am Secretary of State

02-01-2006 90010 013 ***150 00

DOCUMENT # P05000041547 1. Entity Name BARBARA KIMMERLING, P.A.								02-01-2006 90010 013 ***150.00				
Principal Place of Business				Mailing Address				000000				
17900 GULF BLVD SUITE 12A REDDINGTON SHORES, FL 33708				17900 GULF BLVD SUITE 12A REDDINGTON SHORES, FL 33708						بــــــــــــــــــــــــــــــــــــ		
2. Principal Pi	ace of Busin	3. Mail	3. Mailing Address									
Suite, Apt.	#. etc.	Suite	Suite, Apt. #, etc.				Chg-P	CR2E0	34 (11/05)			
City & State			City	City & State			4. FEI Numb	171996	9	<u> </u>	plied For t Applicable	
Zip	Country		Zip			itry	5. Certificate of Status Desired \$8.75 Additional Fee Required					
	6. Name	and Address of Cur	rent Registers	d Agent		Nome	7. Name and	Address of New R	egistered A	\gent		
SPIEGEL & UTRERATP.A.						Name		<u> </u>	<u> </u>	·		
1840 SW 22ND ST. 4TH FLOOR						Street Address (P.O. Box Number is Not Acceptable)						
MIAMI, FL 33145						City			FL	Zip Code	,	
9 The shows	named entit	v submits this statem	ent for the ouro	nee of changing its re	anietar	ed office or regi	istered agent or bo	th in the State of Ek		amiliat with	and accept	
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 Speakule, typed or printed name of agestored agent and Life if applicable (NOTE: Registered Agent agneture required in									DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$850.00 9. Election Campaign Financing Trust Fund Contribution.							\$5.00 May Be Added to Fees					
10.	-	OFFICERS	AND DIRECTO	RS	11.		ADDITIONS	CHANGES TO OFF	ICERS AND	DIRECTORS	5 IN 11	
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STREET ADDRESS	KIMMERLING, BARBARA 17900 GULF BLVD SUITE 12A					E EET ADORESS					ĺ	
CITY-ST-ZIP	REDDINGTON SHORES, FL 33708					-\$1-ZIP			•		ł	
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NAME	KIMMERLING, LARRY					Œ						
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CITY-ST-ZIP	<u> </u>					r - St - ZIP						
12. I hereby indicated of the collaboration changed	certify that the control of this reportion or the control of the c	ne information supplies ort or supplemental re the receiver or trustee achinent with air add	d with this filing port is true and empowered to ress, with all of	does not qualify for accurate and that m execute this report a ter like empowered.	the ex y signs ts requ	remptions conta sture shall have ired by Chapter	tined in Chapter 11 the same legal effe 607, Florida Statut	9, Florida Statutes. I ct as if made under es; and that my name	further cert path; that I s e appears in	ity that the in im an officer o Block 10 or	or director Block 11 if	
indicated on this report of supplemental report is tride and accurate and trial my strigglets shart new tries are legal effect, as it made unliable dail, that it are at mind 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 all other like empowered. SIGNATURE: SIGNATURE:											1	
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