

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P05000054149



1. Entity Name

ALEXSIUS JACKSON P.A.

Principal Place of Business

5102 W. MADISON LAKES CIR.
FT. LAUDERDALE FL 33328

Mailing Address

5102 W. MADISON LAKES CIR.
FT. LAUDERDALE FL 33328

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JACKSON, ALEXSIUS
5102 W. MADISON LAKES CIR.
FT. LAUDERDALE FL 33328

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when remitting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution \$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	PSTD JACKSON, ALEXSIUS 5102 W. MADISON LAKES CIR. FT. LAUDERDALE FL 33328	<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 Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

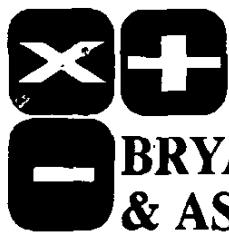
Daytime Phone #

APR-10-2006 MON 05:26 PM

FAX NO.

P. 01/04
ATTN: Mrs. Euler

2072



BRYANT & ASSOCIATES P.A.

Accountants & Business Consultants
847 N.W. 119 ST., SUITE 205 • MIAMI, FLORIDA 33168
Office: (305) 685-5918 • Fax: (305) 685-3868

November 03, 2006

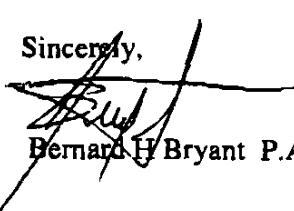
Division of Corporations

Re: Alexsius Jackson P.A
5102 W. Madison Lakes Cir
Fort Lauderdale, FL 33328
Dcto# P05000054149

To Whom It May Concern:

This is to inform that we've received a report and letter from Department of State showing the Ein# missing , which we've sent back the report with its number filled in 20-2686713. However, it seems like you have not received it yet. Thus a notice of dissolution has been sent to us. Please see documents enclosed and update your record in accordance to the info provided. We appreciate and thank you in advance.

Sincerely,


Bernard H. Bryant, P.A.

BHB/mp

Discl.