## 2006 FOR PROFIT CORPORATION

## Jan 26, 2006 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # P05000054746** 01-26-2006 90037 041 \*\*\*150.00 DONALD LEO URSCHALITZ, P.A. Principal Place of Business Mailing Address 1520 OCEAN DUNES CIRCLE <del>1520 Ocean Dunes Circl</del>e JUPITER: EL 33477 JUPITER, FL 33477 2. Principal Place of Business 3. Mailing Address 1062 vintner Blud Same Suite, Apt. #, etc. 01162006 CR2E034 (11/05) Applied For City & State 4. FEI Number 20-279 Not Applicable Country \$8.75 Additional Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MCMULLEN, SCOTT L Street Address (P.O. Box Number is Not Acceptable) 505 S. FLAGLER DR., SUITE 1100 W. PALM BCH, FL 33401 . . . . . . 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 it applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10 11. PSTD. ☐ Delete TITLE TITLE URSCHALITZ, DONALD L NAME NAME 1062 vintner Boulevard Palm Beach Gardens, PL 33 1520-OGEAN DUNES CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JUPITER, FL 334Z7 CITY - ST- ZIP Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE

12. I hereby certify that the information supplied with this filling 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

NAME

STREET ADDRESS

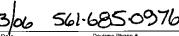
CITY-ST-7IP

NAME

STREET ADDRESS

SIGNATURE: \_

CITY-ST-ZIP



FILED