
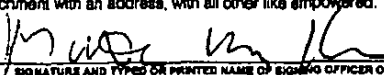


2006 FOR PROFIT CORPORATION ANNUAL REPORT

5/ **FILED**
Jun 29, 2006 8:00 am
Secretary of State

05-01-2006 90311 014 ***150.00

DOCUMENT # P05000062112			
1. Entity Name MATTHEW MARK KELLER P.A.			
Principal Place of Business 20167 PALM ISLAND DRIVE BOCA RATON, FL 33498-4513		Mailing Address 20167 PALM ISLAND DRIVE BOCA RATON, FL 33498-4513	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
8. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KELLER, MATTHEW M 20167 PALM ISLAND DRIVE BOCA RATON, FL 33498-4513		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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____			
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	P KELLER, MATTHEW M. 20167 PALM ISLAND DRIVE BOCA RATON, FL 334984513 <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.			
SIGNATURE: 		4/14/06 561-245-1486 Daytime Phone #	

ATTACHMENT 66021067
SHUBITZ ROSENBLUM & Co., P.A.
Certified Public Accountants

MEMBERS
AMERICAN AND FLORIDA INSTITUTES OF CERTIFIED PUBLIC ACCOUNTANTS
AICPA · PRIVATE COMPANIES PRACTICE SECTION

HOWARD ROSENBLUM, C.P.A., M.B.A.
LEONARD ALAN SHUBITZ, C.P.A.
JERRY L. FEINGOLD, C.P.A.

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MIAMI, FLORIDA 33186-1309
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FAX (305) 595-2309
www.miamicpas.net

June 26, 2006

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Matthew Mark Keller P.A.
Ref.#P05000062112

Dear Sir or Madam:

Our client received the enclosed annual report which was timely filed. We have completed box 4 as requested per your letter and are returning the same to you. Our client received your letter over a week later than your date on the letter; we are returning the annual report within the 30 days after receipt.

If you should have any questions with regards to the above, please contact the undersigned.

Very truly yours,



Leonard Alan Shubitz
Certified Public Accountant

LAS/ap

encl. as stated

Sent via Certified Mail #7003 0500 0004 2352 4665, Return Receipt Requested