2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000066857

Entity Name: BOZIC, LUBNER AND COCHRAN CORP.

FILED Apr 29, 2006 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business: |
|--------------------------------------|----------------------------------|

4516 RUTLEDGE DR 3480 MERLIN DR.

PALM HARBOR, FL 34685 CLEARWATER, FL 33761

Current Mailing Address: New Mailing Address:

4516 RUTLEDGE DR 3480 MERLIN DR.

PALM HARBOR, FL 34685 CLEARWATER, FL 33761

FEI Number: 20-2767963 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HARNED, STEPHANIE

4516 RUTLEDGE DR

4515 SERENITY TRAIL
PALM HARBOR, FL 34685 US

COCHRAN, NATHAN

4515 SERENITY TRAIL
PALM HARBOR, FL 34685 US

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.

SIGNATURE: NATHAN COCHRAN 04/29/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO () Delete Title: CEO (X) Change () Addition

 Name:
 BOZIC, ROBERT
 Name:
 LUBNER, MATT

 Address:
 3480 MERLIN DR
 Address:
 2896 DEER RUN

City-St-Zip: CLEARWATER, FL 33761 City-St-Zip: TARPON SPRINGS, FL 34688

Title: COO () Delete Title: CFO (X) Change () Addition

 Name:
 LUBNER, MATT
 Name:
 COCHRAN, NATHAN

 Address:
 2896 DEER RUN
 Address:
 4515 SERENITY TRAIL

 City-St-Zip:
 TARPON, FL 34688
 City-St-Zip:
 PALM HARBOR, FL 34685

Title: CFO (X) Delete Title: () Change () Addition

 Name:
 COCHRAN, NATHAN
 Name:

 Address:
 4516 RUTLEDGE DR
 Address:

 City-St-Zip:
 PALM HARBOR, FL 34685
 City-St-Zip:

Title: S (X) Delete Title: () Change () Addition

 Name:
 HARNED, STAPHANIE
 Name:

 Address:
 4516 RUTLEDGE DR
 Address:

 City-St-Zip:
 PALM HARBOR, FL 34685
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NATHAN COCHRAN CFO 04/29/2006