

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90213 042 ***150.00

**2006 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P05000076364 1. Entity Name PAUL FILIPOVICH, P.A.	
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40067100

Principal Place of Business 1605 LINTON LAKES DR STE #E DELRAY BCH, FL 33445	Mailing Address 1605 LINTON LAKES DR STE #E DELRAY BCH, FL 33445
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



04202006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FILIPOVICH, PAUL 1605 LINTON LAKES DR STE #E DELRAY BCH, FL 33445		Name Street Address (P.O. Box Number is Not Acceptable) City	
		FL	Zip Code

4. FEI Number 202902986	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 reinstating) 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP FILIPOVICH, PAUL 1605 LINTON LAKES DR STE #E DELRAY BCH, FL 33445	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
CITY-ST-ZIP	<input type="checkbox"/> Delete	CITY-ST-ZIP	
CITY-ST-ZIP	<input type="checkbox"/> Delete	CITY-ST-ZIP	
CITY-ST-ZIP	<input type="checkbox"/> Delete	CITY-ST-ZIP	
CITY-ST-ZIP	<input type="checkbox"/> Delete	CITY-ST-ZIP	
CITY-ST-ZIP	<input type="checkbox"/> Delete	CITY-ST-ZIP	
CITY-ST-ZIP	<input type="checkbox"/> Delete	CITY-ST-ZIP	

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: Paul Filipovich / PAUL FILIPOVICH Date: 4-26-06 Day/Time Phone #: 561 922 4101