


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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| DOCUMENT # P05000080282 |  |
| 1. Entity Name MICHAEL GABLE DO PA | |

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| Principal Place of Business 2900 N ATLANTIC AVE DAYTONA BEACH FL 32118 | Mailing Address 2900 N ATLANTIC AVE DAYTONA BEACH FL 32118 |
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| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
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|--------------|--------------|
| City & State | City & State |
| Zip | Country |

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| 6. Name and Address of Current Registered Agent LOGUIDICE, JOE 1515 RIDGEWOOD AVE A HOLLY HILL FL 32117 | |
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| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
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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.

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| SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable</small> | (NOTE: Registered Agent signature required when reinstating) | DATE |
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| FILE NOW!!! FEE IS \$550.00 DUE BY September 6, 2006 Make Check Payable to Florida Department of State | S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/> |
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| 10. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete P GABLE, MICHAEL 2900 N ATLANTIC AVE DAYTONA BEACH FL 32118 |
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| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 100080002821 09/20/06--01053--012 **150.00 |
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FILED
06 SEP 18 AM 8:29
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

2nd MOORE CR2E034 (4/06)

| | |
|---------------|--|
| 4. FEI Number | <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
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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.

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| SIGNATURE: <u>M GABLE DO</u> | <u>8/18/06</u> | Date | Daytime Phone # |
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