

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 31, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90373 043 \*\*\*150.00

<b>DOCUMENT # P05000086201</b>			
1. Entity Name <b>ATTORNEYS' DIRECTORY, CO.</b>			
Principal Place of Business <b>871 W OAKLAND PARK BLVD 300 OAKLAND PARK, FL 33311</b>		Mailing Address <b>871 W OAKLAND PARK BLVD 300 OAKLAND PARK, FL 33311</b>	
2. Principal Place of Business <b>500 West Cypress Creek</b>		3. Mailing Address <b>500 West Cypress Creek Rd.</b>	
Suite, Apt. #, etc. <b>370</b>		Suite, Apt. #, etc. <b>370</b>	
City & State <b>Ft. Lauderdale, Fl</b>		City & State <b>Ft. Lauderdale, Fl</b>	
Zip <b>33309</b>	Country <b>USA</b>	Zip <b>33309</b>	Country <b>USA</b>
4. FEI Number <b>86-1156791</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>CICHOWSKI, JOSEPH 871 W OAKLAND PARK BLVD 300 OAKLAND PARK, FL 33311</b>		7. Name and Address of New Registered Agent Name <b>Cichowski, Joseph</b> Street Address (P.O. Box Number is Not Acceptable) <b>500 West Cypress Creek Rd. #370</b> City <b>Ft. Lauderdale</b> FL Zip Code <b>33309</b>	
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 <b>4/13/06</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		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 CICHOWSKI, JOSEPH 871 W OAKLAND PARK BLVD SUITE 300 OAKLAND PARK, FL 33311 <input checked="" 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	P Cichowski, Joseph 500 W Cypress Creek Rd. #370 Ft. Lauderdale, Fl 33309 <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: 		Date <b>4/13/06</b> Daytime Phone #	

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