2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

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FILED DOCUMENT # P05000093989 1. Entity Name KYLE T. HAUGH, CPA, P.A. 2006 JUL 17 AM 10: 22 SECRETAR LUI STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address KYLE T HAUGH CPA PA KYLE T HAUGH CPA PA 7170 SW 117TH TERRACE 7170 SW 117TH TERRACE MIAMI, FL 33156 MIAMI, FL 33156 2. Principal Place of Business 3. Mailing Address 2510 SW 18th STREET 911 BURR DAY LANE Suite, Apt. #, etc. Suite, Apt. #, etc. 06302006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For FT. LAUDSADALE SALTHA 20-3058513 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired 401 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **JUNPERSON** HAUGH, KYLE T ONE S.E. THIRD AVENUE **TENTH FLOOR** MIAMI, FL 33131 LAUDE ROALE 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 Sered agen SIGNATURE agent and little if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. D,C,P,S HAUGH, Kyle T Change ☐ Addition ☐ Delete TITLE TITLE NAME HAUGH, KYLE T NAME STREET ADDRESS ONE S.E. THIRD AVENUE - TENTH FLOOR STREET ADDRESS 911 BURR OAKLAPE MIAMI, FL 33131 CITY-ST-ZIP CITY-ST-ZIP SALTNA, KS 67401 800077944555 ⁰ ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 chapted up on a strachment with an address with all other like empowered. changed, or on an attachment with an address, with all other like empowered 785-826-1575 2006