



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90028 036 \*\*\*150.00

<b>DOCUMENT # P05000099341</b> 1. Entity Name <b>MACHAEL RENAY SITZBERGER, P.A.</b>					
Principal Place of Business <b>8227 PLANTERS KNOLL TERRACE UNIVERSITY PARK, FL 34201 US</b>			Mailing Address <b>8227 PLANTERS KNOLL TERRACE UNIVERSITY PARK, FL 34201 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		03162006    Chg-P    CR2E034 (11/05)	
Zip		Country		4. FEI Number <div style="border: 1px solid black; padding: 2px; display: inline-block;">300325767</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; float: right;">Applied For Not Applicable</div>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b>  <b>SITZBERGER, MACHAEL R 8227 PLANTERS KNOLL TERRACE UNIVERSITY PARK, FL 34201</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</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"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SITZBERGER, MACHAEL R 8227 PLANTERS KNOLL TERRACE UNIVERSITY PARK, FL 34201 <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	VP SITZBERGER, DEL M 8227 PLANTERS KNOLL TERRACE UNIVERSITY PARK, FL 34201 <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	TREA SITZBERGER, MACHAEL R 8227 PLANTERS KNOLL TERRACE UNIVERSITY PARK, FL 34201 <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	SEC SITZBERGER, DEL M 8227 PLANTERS KNOLL TERRACE UNIVERSITY PARK, FL 34201 <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	
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.					
<b>SIGNATURE:</b> <i>Machael Renay Sitzberger</i> <b>MACHAEL RENAY SITZBERGER</b> 3/17/06 941-360-3137 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR    Date    Daytime Phone #</small>					