## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 24, 2006 8:00 am Secretary of State

DOCUMENT # P05000113476  1. Entity Name KEITH BREGOFF, P.A.								04-24-2006	90359 0:	38 ***150	.00
Principal Place of Business				Mailing Address							
789 SOUTH FEDERAL HIGHWAY				789 SOUTH FEDERAL HIGHWAY							
SUITE 308 Stuart, Fl. 34994 us				SUITE 308 Stuart, Fl. 34994 US							
310A(1,1E 34334 03				310AK1, FE 34334			1900001	II			
2. Principal Place of Business				Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.		04192006	Chg-P		034 (11/05)		
City & State				City & State		4. FEI Numb	-381475	3	<u> </u>	plied For t Applicable	
Zip	Country			Zip Cour		try	5. Certificate of Status Desired		\$8.75 Additional Fee Required		
	6. Name and Address of Current Regis			tered Agent	L	<u>.</u>	7. Name and	d Address of New	Registered	<u></u>	-
	:		-	,		Name					
MADDEN, JOHN W ESQ 789 SOUTH FEDERAL HIGHWAY SUITE 308.				Street Addr			(P.O. Box Numb	per is Not Acceptab	ile)		
STUART, FL 34994											
<b>:</b>						City			FI	Zip Code	•
8. The above in the obligation	named entitions of regis	ty submits this statement tered agent.	t for the p	ourpose of changing its	register	l ed office or registe	ered agent, or bo	oth, in the State of F		- 1	and accept
SIGNATURE											
Signature, typed or printed name of registered agent and title if applicable. (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 \$5.00 May Be Trust Fund Contribution.  Added to Fees											
10.	ķ	OFFICERS AI	ND DIREC	CTORS	11.		ADDITIONS	/CHANGES TO OF	FICERS AN	D DIRECTOR	3 IN 11
TITLE	P,D <sup>-</sup> 3		☐ Delete	TITLE					☐ Change	☐ Addition	
NAME Street Address	BREGOF 789 SOU	NΑV		NAM	ET ADDRESS						
CITY-ST-ZIP		FL 34994	•			-ST-ZIP					i
TITLE				☐ Delete	TITLE					☐ Change	☐ Addition
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STREET ADDRES\$ CITY-ST-ZIP						ET ADORESS -ST-ZIP					
TITLE	☐ Delete THTL					1				☐ Change	Addition
NAME Street address					NAM	E ET ADORESS					
CITY-ST-ZIP						-ST-ZIP					
TITLE				☐ Delete	TITLE	<u> </u>		·		☐ Change	☐ Addition
NAME					NAM	ı				-	·
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS -ST-ZIP					
TITLE NAME				☐ Delete	TITLE	1				☐ Change	Addition
STREET ADDRESS					NAM STRE	ET ADDRESS					
CITY-SI-ZIP						-ST-ZIP					
TITLE				☐ Delete	TITLE					☐ Change	Addition
NAME STREET LODBESS					NAM						•
STREET ADDRESS CITY-ST-ZIP					1	ET ADDRESS - 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											
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 life empowered.											
SIGNATURE: SIGNATURE AND TYPED OR PRINTED BY MAKE OF SIGNING OFFICER OR DIRECTOR  9/14/06 77 & 220 3076  Date Dayling Phone #											03076