

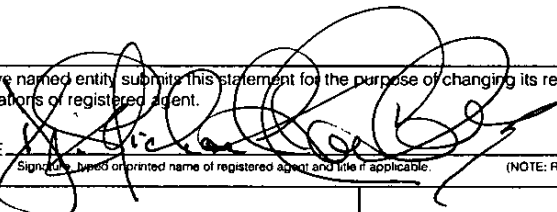
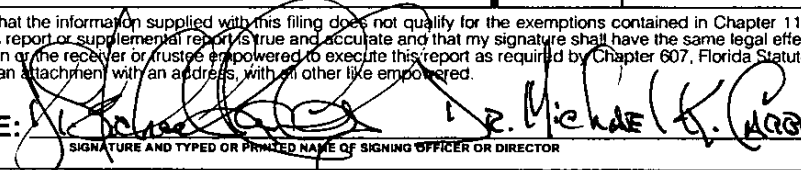


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90216 031 ***150.00

DOCUMENT # P05000114675 1. Entity Name COMPLIANCE GROUP OF FLORIDA, INC.					
Principal Place of Business 11604 MYRTLE OAK CT PALM BEACH GARDENS, FL 33410			Mailing Address 11604 MYRTLE OAK CT PALM BEACH GARDENS, FL 33410		
2. Principal Place of Business 820 SANCTUARY COVE DR. Suite, Apt. #, etc.		3. Mailing Address 820 SANCTUARY COVE DR. Suite, Apt. #, etc.			
City & State N. Palm Beach FL Zip 33410		City & State N. Palm Beach, FL Zip 33410		4. FEL Number 74-3152017 Applied For <input type="checkbox"/> Not Applicable	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CARBONE, MICHAEL K 11604 MYRTLE OAK CT PALM BEACH GARDENS, FL 33410			7. Name and Address of New Registered Agent Name DR. MICHAEL K. CARBONE Street Address (P.O. Box Number is Not Acceptable) 820 SANCTUARY COVE DR. City N. Palm Beach FL Zip Code 33410		
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 4-24-06 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		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	D CARBONE, MICHAEL K 11604 MYRTLE OAK CT PALM BEACH GARDENS, FL 33410	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DR. MICHAEL K. CARBONE 820 SANCTUARY COVE DR. N. PALM BEACH, FL. 33410	<input checked="" 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 an other like empowered.					
SIGNATURE:  DR. MICHAEL K. CARBONE 4/24/06 (372) <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					