

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2006 8:00 am
Secretary of State

05-12-2006 90027 039 ***150.00

DOCUMENT # P05000121299 1. Entity Name ANDERSON LAW GROUP, P.A.					
Principal Place of Business 7050 NW 44TH ST #405 LAUDERHILL, FL 33319 <i>2800 W. Oakland Pk Blvd.</i> <i>Suite 305, Ft. Lauderdale, FL 33311</i>		Mailing Address 7050 NW 44TH ST #405 LAUDERHILL, FL 33319 <i>2800 W. Oakland Pk Blvd.</i> <i>Suite 305</i> <i>Ft. Lauderdale, FL 33311</i>			
2. Principal Place of Business <i>2800 W. Oakland Pk Blvd.</i> Suite, Apt. #, etc. <i>Suite 305</i> City & State <i>Fort Lauderdale, FL</i> Zip <i>33311</i>		3. Mailing Address <i>2800 W. Oakland Pk Blvd.</i> Suite, Apt. #, etc. <i>Suite 305</i> City & State <i>Fort Lauderdale, FL</i> Zip <i>33311</i>		4. FEI Number 20-3582883 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 ANDERSON, GAILA M. 7050 NW 44TH ST #405 LAUDERHILL, FL 33319 <i>2800 W. Oakland Pk Blvd.</i> <i>Suite 305</i> <i>Fort Lauderdale, FL 33311</i>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 <i>Gaila M. Anderson</i> Gaila M. Anderson P.V.S.T. 5/9/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PVST NAME ANDERSON, GAILA M STREET ADDRESS 7050 NW 44TH ST #405 CITY-ST-ZIP LAUDERHILL, FL 33319 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition				
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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: <i>Gaila M. Anderson</i> Gaila M. Anderson 5/9/06 (954) 485-1800 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					