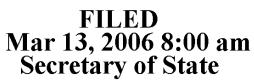
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2006 FOR PROFIT CORPORATION ANNUAL REPORT



Daytime Phone 6

1. Entity Nar	JMENT # P0500012 TROY PITTMAN, P.A.					00088 033 ***15	0.00	
Principal Place of Business 240 NOKOMIS AVENUE SO SUITE 200 VENICE, FL 34285 Mailing Address 240 NOKOMIS AVENUE SO VENICE, FL 34285				TE 200]			
2. Principal F		Lake	e br.	03022006	Chg-P	CR2E034 (11/05)		
City & Sta		City & State	City & State Sarasota FL			20-34	(1)02	pplied For
Zip	Country Zip		Country		5. Certificate	of Status Desired	□ \$8.75 Ad	
392	34232 3 3 6. Name and Address of Current Register		<u> </u>			d Address of New R	Fee Requir	ed
BECHTOLD, DANIEL A								
	OMIS AVENUE SO SUITE 20	Street Address (P.O. Box Number is Not Acceptable)						
4.				City			FL Zip Coo	de l
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								
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$55	9. Election Camps Trust Fund Con		+	.00 May Be led to Fees			
10. OFFICERS AND DIRECTORS 11.				1	ADDITIONS	CHANGES TO OFF	ICERS AND DIRECTOR	
TITLE NAME	D Delete TITI.						Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	1 - 112 - 1 - 211 - 211 - 211 - 211			ET ADDRESS - ST- ZIP				
TITLE			TITLE				Change	☐ Addition
NAME	N.		NAM	-				
STREET ADDRESS CITY-ST-ZIP				et address - St-Zip				
TITLE	Delete TIT			E .			☐ Change	Addition
NAME STREET ADDRESS			nami Stre	et address				
CITY-ST-ZIP				-ST-ZIP				
TITLE NAME		Deleta	TITLE NAMI	1			☐ Change	☐ Addition
STREET ADDRESS			STRE	ET ADDRESS				[
CITY-ST-ZIP TITLE		☐ Delete	CITY-	·ST-ZIP			☐ Change	☐ Addition
NAME		C Delete	NAME	1			∪ urange	☐ Addition
STREET ADDRESS CITY-ST-ZIP				ET ADORESS ST-ZIP				
TITLE		☐ Delete	TITLE				☐ Change	Addition
NAME STREET ADDRESS			NAME STREE	ET ADORESS			-	
CITY-ST-ZIP				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 changed, or on an attachment with an address, with all other like empowered.								
SIGNATURE: WO SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone 6								
	SIGNATURE AND TYPED O	R PRINTED NAME OF BIGNING OFFICER	OR DIRECT	OR		Date	Dzytime Phone f	