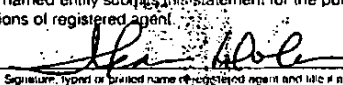
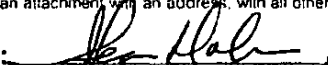


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 10, 2006 8:00 am**  
**Secretary of State**

02-21-2006 90031 023 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                 |                                                                                                                                                                                                                    |                                                                   |
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| <b>DOCUMENT # P05000132001</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                 |                                                                                                                                   |                                                                   |
| 1. Entity Name<br><b>ILEANA DOLAN, P.A.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 |                                                                                                                                                                                                                    |                                                                   |
| Principal Place of Business<br><b>4976 NW 67 AVENUE<br/>LAUDEHILL FL 33319</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                 | Mailing Address<br><b>4976 NW 67 AVENUE<br/>LAUDEHILL FL 33319</b>                                                                                                                                                 |                                                                   |
| 2. Principal Place of Business<br><b>1709 NE 5TH STREET</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 | 3. Mailing Address<br><b>1709 NE 5TH STREET</b>                                                                                                                                                                    |                                                                   |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 | Suite, Apt. #, etc.                                                                                                                                                                                                |                                                                   |
| City & State<br><b>FORT LAUDERDALE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                 | City & State<br><b>FL</b>                                                                                                                                                                                          |                                                                   |
| Zip<br><b>33301</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country<br><b>USA</b>           | Zip<br><b>33301</b>                                                                                                                                                                                                | Country<br><b>USA</b>                                             |
| 6. Name and Address of Current Registered Agent<br><b>FILINGS, INC.<br/>3732 NW 16 ST<br/>FT LAUDERDALE FL 33311</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                 | 7. Name and Address of New Registered Agent<br>Name <b>ILEANA DOLAN</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>1709 NE 5TH STREET</b><br>City <b>FORT LAUDERDALE</b> FL Zip Code <b>33301</b> |                                                                   |
| 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.<br>SIGNATURE  DATE <b>2/9/06</b><br><small>(NOTE: Registered Agent signature required when reappointing)</small>                                                                                                                                                                                                             |                                 |                                                                                                                                                                                                                    |                                                                   |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees                                                                                             |                                                                   |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                                                                                                                                              |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><b>DPST:<br/>DOLAN, ILEANA<br/>4976 NW 67 AVE<br/>LAUDEHILL FL 33319</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>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 Section 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:  <b>ILEANA DOLAN, PRES.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                 | DATE: <b>2/9/06</b> (954) 914 0149                                                                                                                                                                                 |                                                                   |