
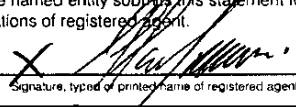


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90388 006 ***150.00

DOCUMENT # P05000136426 1. Entity Name ALLAN KARDUSH, P.A.																																																					
Principal Place of Business 6380 RALEIGH ST., APT. 2101 ORLANDO, FL 32835			Mailing Address 6380 RALEIGH ST., APT. 2101 ORLANDO, FL 32835																																																		
2. Principal Place of Business 6131 Metro West Blvd Suite, Apt. #, etc. 109 City & State Orlando, Florida Zip 32835		3. Mailing Address 6131 Metro West Blvd Suite, Apt. #, etc. 109 City & State Orlando, Florida Zip 32835																																																			
4. FEI Number 20-3598731				Applied For <input type="checkbox"/> Not Applicable																																																	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04072006 Chg-P CR2E034 (11/05)																																																	
6. Name and Address of Current Registered Agent KARDUSH, ALLAN 6380 RALEIGH ST., APT. 2101 ORLANDO, FL 32835			7. Name and Address of New Registered Agent Name ALLAN KARDUSH Street Address (P.O. Box Number is Not Acceptable) 6131 Metro West Blvd Unit 109 City Orlando FL Zip Code 32835																																																		
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 4/6/06 <small>Signature, typed or printed name of registered agent and title if applicable. (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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> DPST KARDUSH, ALLAN 6380 RALEIGH ST., APT. 2101 ORLANDO, FL 32835 </td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST KARDUSH, ALLAN 6380 RALEIGH ST., APT. 2101 ORLANDO, FL 32835	<input type="checkbox"/> Delete																						11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> 6131 Metro West Blvd Unit 109 Orlando, Florida 32835 </td> <td style="text-align: right;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	6131 Metro West Blvd Unit 109 Orlando, Florida 32835	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST KARDUSH, ALLAN 6380 RALEIGH ST., APT. 2101 ORLANDO, FL 32835	<input type="checkbox"/> Delete																																																			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6131 Metro West Blvd Unit 109 Orlando, Florida 32835	<input checked="" 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 all other like empowered.																																																					
SIGNATURE: 			Date 4/7/06 Daytime Phone # 407-832-2818																																																		