

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2006 8:00 am
Secretary of State

02-23-2006 90009 013 ***150.00

66022193



01122006 Chg-P CR25034 (11/05)

4. FEI Number 20-4019284 Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHEINKMAN, MARTIN CPA
18 NE 2ND AVE
DANIA BEACH, FL 33004

7. Name and Address of New Registered Agent

Name KAREN DOVE
Street Address (P.O. Box Number is Not Acceptable)
2691 LAKESHORE DR
City FT LAUDERDALE FL 33312

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 KAREN A DOVE 2-10-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	DOVE, KAREN	
STREET ADDRESS	2691 LAKESHORE DR	
CITY-ST-ZIP	FT LAUDERDALE, FL 33312	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-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 602, 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: KAREN A DOVE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Karen A Dove 9546308711
Date Daytime Phone #

ATTACHMENT

16022192

#P05000168272

7/19/06

To Division of Corporations

PO Box 1500

Tallahassee FL ~~32302~~
32302

I had been out of Florida since
~~January~~ ^{February 10, 2006} unfortunately my
mail was not all forwarded/sent
(part time)
to me at my winter residence in Oregon.

My CPA in Jonica Beach had filed
for my PA Status and provided me
with the attached form without my
FEIN number provided/filled in.

I had completed the form and
attached the check unaware I
needed to do more.

Please waive the late fees due
to me not receiving the attached (over)
letter - Thankyou Karen Dove PA