2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING/OFFICE

Apr 17, 2006 8:00 am Secretary of State DOCUMENT # P92000001120 1. Entity Name 04-17-2006 90344 048 ***150.00 CORINNE B. ROSNER, P.A. Principal Place of Business Mailing Address 6850 CYPRESS ROAD 6950 CYPRESS ROAD SUITE 101 SLUTE 101 PLANTATION FL 33317 PLANTATION FL 93317 2. Principal Place of Business 3. Mailing Address 1776 N. Pine Islo 776 Suite. Apt. #, etc. 1st MOORE CR2E034 (10/05) 208 Suite 208 City & State City & State Applied For 4. FEI Number Ω_{-} 65-0369272 Plantation Plantation Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33322 USA 33322 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROSNER, CORINNE B Street Address (P.O. Box Number is Not Acceptable) 6950 CYPRESS ROAD Pine Island SUITE 101-FORT LAUDERDALE FL 3331Z Zip Code 33322 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 it applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00-\$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change TITLE ☐ Delete TITLE Addition 1776 N. Pine Island Road NAME NAME ROSNER, CORINNE B Suite 208 STREET ADDRESS 6950 CYPRESS RD-STE 101-STREET ADDRESS Plantation CITY-ST-ZIP PLANTATION FL 33317 CITY-ST-ZIP 33311 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP THE Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Defete TITLE ☐ Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IE 12. Thereby 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 teport 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 of the corporation of the corporation of the receiver of the corporation of the corporati if changed, or on an attachment with an address, with all other like empowered.

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