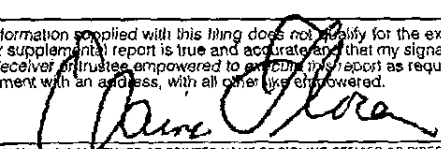


FILED
Mar 28, 2006 08:00 AM
Secretary of State

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P93000000818																																				
1. Entity Name FITZGERALD PUBLIC RELATIONS, INC.																																				
Principal Place of Business 2700 W. ATLANTIC BLVD. SUITE 203 POMPANO BEACH, FL 33069	Mailing Address 2700 W. ATLANTIC BLVD. SUITE 203 POMPANO BEACH, FL 33069	 01062006 No Chg-P CR2EG34 (11/05) <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 60%; padding: 2px;">4. FEI Number 65-0381796</td><td style="width: 40%; padding: 2px;">Applied For Not Applicable</td></tr><tr><td colspan="2" style="padding: 2px;">5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required</td></tr></table>	4. FEI Number 65-0381796	Applied For Not Applicable	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																															
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DO NOT WRITE IN THIS SPACE																																				
6. Name and Address of Current Registered Agent HACKER, BRENDA 404 E. ATLANTIC BLVD. SUITE 100 POMPANO BEACH, FL 33060		DO NOT WRITE IN THIS SPACE																																		
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 registering) DATE _____																																				
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																																		
<table border="1" style="width: 100%; border-collapse: collapse;"><tr><th colspan="2" style="text-align: center; padding: 2px;">10. OFFICERS AND DIRECTORS</th></tr><tr><td style="width: 15%; padding: 2px;">TITLE</td><td style="padding: 2px;">PTD</td></tr><tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;">FLOREA, ELAINE</td></tr><tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;">2700 W ATLANTIC BLVD # 203</td></tr><tr><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;">POMPANO BEACH, FL 33069</td></tr><tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;"></td></tr></table>		10. OFFICERS AND DIRECTORS		TITLE	PTD	NAME	FLOREA, ELAINE	STREET ADDRESS	2700 W ATLANTIC BLVD # 203	CITY-ST-ZIP	POMPANO BEACH, FL 33069	TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		U00000483381 04/11/06-80119-010 150.00 DO NOT WRITE IN THIS SPACE
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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 provide 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 statements.																																				
SIGNATURE: 		3/23/06 954-956-87																																		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Original Phone #																																		