
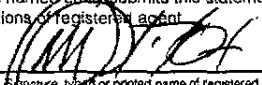
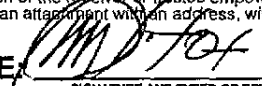


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000030000		
1. Entity Name ALAN J. FOX P.A.		
Principal Place of Business 2255 GLADES RD STE 324 BOCA RATON, FL 33431 US		Mailing Address 2255 GLADES RD STE 324 BOCA RATON, FL 33431 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent FOX, ALAN J 2255 GLADES RD STE 324 BOCA RATON, FL 33431		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  ALAN J. FOX 4/11/06 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renouncing))</small> DATE		
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		
TITLE	PSTD	
NAME	FOX, ALAN J	
STREET ADDRESS	2255 GLADES RD, STE 324	
CITY-ST-ZIP	BOCA RATON, FL 33431	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
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 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  ALAN J. FOX, PRESIDENT 4/11/06		561 995 7170
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>



01092006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0401502	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

000000000000
04/28/06-30049-022-150-00

DO NOT WRITE IN THIS SPACE