

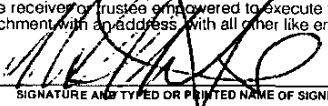


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 09, 2006 8:00 am**  
**Secretary of State**

03-09-2006 90156 046 \*\*\*150.00

<b>DOCUMENT # P93000055292</b> 1. Entity Name <b>MICHAEL D. ALLWEISS, P.A.</b>					
Principal Place of Business <b>100-2ND AVENUE SOUTH STE 704S ST PETERSBURG, FL 33701 US</b>			Mailing Address <b>100-2ND AVENUE SOUTH STE 704S ST PETERSBURG, FL 33701 US</b>		
2. Principal Place of Business <b>ONE PROGRESS PLAZA Suite, Apt. #, etc. SUITE 810 City &amp; State St. Petersburg FL Zip 33701 Country USA</b>		3. Mailing Address <b>ONE PROGRESS PLAZA Suite, Apt. #, etc. SUITE 810 City &amp; State St. Petersburg FL Zip 33701 Country U.S.A.</b>			
02072006 Chg-P CR2E034 (11/05)				4. FEI Number <b>59-3192208</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>ALLWEISS, MICHAEL D ESQ 100-2ND AVENUE SOUTH SUITE 704S ST PETERSBURG, FL 33701</b>			7. Name and Address of New Registered Agent Name <b>Alweiss, Michael</b> Street Address, P.O. Box Number is, not Acceptable <b>One Progress Plaza, Suite 810</b> City <b>St. Petersburg</b> FL Zip Code <b>33701</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLWEISS, MICHAEL D 111 2ND AVE NE STE 620 ST PETERSBURG, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input 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 reports 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: 		3/6/06		(727) 827-4944	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	