


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2006 8:00 am
Secretary of State

01-18-2006 90024 007 ***150.00

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| DOCUMENT # P94000003333 |  |
| 1. Entity Name BUSHKIN & HIAASEN, P.A. | |

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|---|---|
| Principal Place of Business % 707 S.E. 3RD AVENUE SUITE 101 FORT LAUDERDALE, FL 33316 | Mailing Address % 707 S.E. 3RD AVENUE SUITE 101 FORT LAUDERDALE, FL 33316 |
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60003194



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| 2. Principal Place of Business 707 SE 3rd Avenue | 3. Mailing Address 707 SE 3rd Avenue |
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| Suite, Apt. #, etc. Suite 400A | Suite, Apt. #, etc. Suite 400A |
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| City & State Fort Lauderdale, FL | City & State Fort Lauderdale, FL |
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|---------------------|---------------------------|---------------------|---------------------------|
| Zip 33316 | Country Broward | Zip 33316 | Country Broward |
|---------------------|---------------------------|---------------------|---------------------------|

01112006 Chg-P CR2E034 (11/05)

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| 4. FEI Number 65-0459390 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent HIAASEN, CONNIE L 707 S.E. 3RD AVENUE, SUITE 101 FT. LAUDERDALE, FL 33316 | |
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| 7. Name and Address of New Registered Agent Name Hiaasen, Connie L. Street Address (P.O. Box Number is Not Acceptable) 707 SE 3rd Avenue, Suite 400A City Fort Lauderdale FL Zip Code 33316 | |
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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.

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|------------------------------------|------------------------|
| SIGNATURE Connie L. Hiaasen | DATE 01/16/2006 |
|------------------------------------|------------------------|

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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| 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 |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BUSHKIN, REGINA S 3350 BENT TREE PLACE FT. LAUDERDALE, FL 33312 <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 | D HIAASEN, CONNIE L 6200 BANYAN TERRACE PLANTATION, FL 33317 <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"/> 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"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | 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 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.

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| SIGNATURE  Regina S. Bushkin | Date 01/16/06 | Daytime Phone # (954) 523-2655 |
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