2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 27, 2006 8:00 am Secretary of State

| 1. Entity Nam | MENT # P94000003: WECKE, P.A. | 991 | | | | 04-27-2006 | | 06 ***150. | .00 |
|---|--|---|--|---|---|-----------------------|---------------------|---|-------------------------------------|
| Principal Plac | e of Business | Mailing Address | | | . 41 |)06694 | в | | |
| 1481 NW NO MIAMI, FL 3 | RTH RIVER DR. 2125 — I IS | PO BOX 814329 HOLLYWOOD, FL-33081 | | | 3, | ,000 | | | |
| , in a 11, 12 5 | 5125 00 | 7,022,11,000,12,000, | | | (85) 75 1 | JEIN BIBII 82111 8811 | : EP: 61) 66 16 | | |
| 2. Frincipal P | RANGE 13 TH TER | 3. Mailing Address | 24 Cir | | | | | | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | U | | 03302006 | Chg-P | CR2E | 034 (11/05) | |
| City & Stat | ami, FL | City & State NORMAN | | 1 | 4. FEI Numbe 65-0462 | | | No | oplied For ot Applicable |
| 331. | 25 Country US | 73072 | Country (15 | · | 5. Certificate | of Status Desire | ed 🔲 | \$8.75 Add Fee Require | |
| | 6. Name and Address of Current F | Registered Agent | N | | 7. Name and | Address of Ne | w Registered | Agent | |
| MECKE, CARL J 1481 NW NORTH RIVER DR. | | | | Name Sharon. Thibau H Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| MIAMI, FL | | | C | 501 | | \ \ \ | 1.1 4 | 300 | |
| | | | City | 19 | O Hally | ewold N | 10 a | Zip Cod | le l |
| R. The above | named entity submits this statement for | the purpose of changing its re | | 78) (| YCCU & | h in the State o | FI I Florida Lam | | |
| the obligat | tions of registered agent. | | ogistored amod ar | register | od agom, or bot | n, wi the state c | | | and accept |
| | Ilan 2 7 | / / / -// | | | | | 1313 | 1-06 | |
| SIGNATURE | Signature, typed or printed name of registered agent a | nd little if applicable (NOTE: I | Registered Agent signatu | nte tedniteo | when reinstating) | | 0-31 DATE | | |
| FIL | | 9. Election Campaig | n Financing | \$5 . | when reinstating) OO May Be ed to Fees | | DATE | | - |
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12. I hereby certify that the information supplied with this filling 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:

SIGNATURE AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR