2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P9400006255

SIGNATURE:

FILED Mar 17, 2006 08:00 AM Secretary of State

1. Entity Name JOSEPHINE H. HORN, P.A.						
•	RK VILLAGE DR	Mailing Address 9512 W PARK VILLAGE DR #106 TAMPA, FL 33626 US				
Ε	OO NOT WRITE I		CE	02202006 No Chg-P CR2E034 (11/05) 4. FEI Number		
HORN, JO 9512 W P/ TAMPA, F	ARK VILLAGE DR #106	sterea Agem	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 the if applicable (NOTE: Registered Agent signature required when reinstating) DATE						
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Prust Fund Contribution.				00 May Be ed to Fees		
10. TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRE P HORN, JOSIE 9512 W PARK VILLAGEB DR #106 TAMPA, FL 33626	CICIS			000000472203 03/29/06 80027-089 150.00 NOT WRITE THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby coindicated	renity that the information supplied with this on this report of supplemental report is true	illing does not qualify for the exe and accurate and that my signat	emptions contained ture shall have the s	in Chapter 115	9. Fiorida Statutes, I further certify that the information of as if made under oath; that I am an officer or director is and first my name appears in Block 10 or Block 11 if	