2006 FOR PROFIT CORPORATION

ANNUAL REPORT DOCLIMENT # POADODO19905



FILED Jan 25, 2006 8:00 am Secretary of State

Principal Place of Business	1. Entity Name ALEXANDRA M. HARRIS, PH.D., P.A.							01-25-2006 90026 027 ***1					
Suite, Apt. #. etc. Suite, Apt. #. etc. Cry & State Cry & Cry & State Cry & C	237 GEORGE BUSH BLVD				237 GEORGE BUSH BLVD								
City & State Ci	2. Principal Place of Business				3. Mailing Address								
Zip Country Zip Country St. Certificate of Status Desired \$8.75 Additional Fee Required \$8.75 Additional Fee Req	Suite, Apt. #, etc.				Suite, Apt. #, etc.				01052006	Chg-P	CR2E	34 (11/05)	
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Name Street Address (P.O. Box Number is Not Acceptable) Street Addre	Zip	Country			Zip	Country			5. Certificate	of Status Desired			
HARRIS, ALEXANDRA M PHD 237 GEORGE BUSH BLVD ELIRAY BEACH, FL 33444 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am lamiliar with, and accept in the obligations of registered agent. Signature, specific prince came of registered agent. PLE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITLE MAKE SIRET ADDRESS CITY-ST-2P TILE MAKE SIN		6. Name	and Address of Curr	ent Regis	tered Agent								
Sirect Address (P.O. Box Number is Not Acceptable) City FL Zip Code	HARRIS A	AI EXANDR	A M PHD				Name						
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or prised regions of registered agent and the 1 acceptable. PILE NOWILL FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. ITLE NAME STRETA DORESS CITY-SI-2P DELRAY BEACH, FL 33444 Detele TILE NAME STRETA DORESS CITY-SI-2P Detele TILE NAME STRETA DORESS CITY-SI-2P Detele TILE NAME STRETA DORESS CITY-SI-2P Detele TILE NAME STRETA DORESS CITY-SI-2P Detele TILE NAME STRETA DORESS CITY-SI-2P Detele TILE NAME STRETA DORESS CITY-SI-2P Detele TILE NAME STRETA DORESS CITY-SI-2P Detele TILE NAME STRETA DORESS CITY-SI-2P Detele TILE NAME STRETA DORESS CITY-SI-2P DETENDING Change Addition NAME STRETA DORESS CITY-SI-2P TILE NAME STRETA DORESS CITY-SI-2P TILE Change Addition NAME STRETA DORESS	237 GEORGE BUSH BLVD						Street Address (P.O. Box Number is Not Acceptable)						
SIGNATURE Signature, hypertor or pictured acquent and Size it applicable. (IN-OTE Registered Agent signature required when revealable p) DATE	•										FL	Zip Code	•
### PILE NOW!!! FEE IS \$150.00 ### After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS C													
After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE HARRIS, ALEXANDRA M Delete MAKE STREET ADDRESS CITY-SI-2P TOTAL Delete TRUE Delete TRUE Delete MAKE													
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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 eceiver or trustee ampowered 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 attaching twith an address, with all other like impowered.

G OFFICER OR DIRECTOR

SU-272-4698