## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 12, 2006 08:00 AM DOCUMENT # P94000020672 **Secretary of State** 1. Entity Name ED HOUSEY, P.A. Principal Place of Business Mailing Address 1985 SOUTH OCEAN DR. 1985 SOUTH OCEAN DR. #17-N #17-N HALLANDALE, FL 33009 HALLANDALE, FL 33009 01082006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number NOT APPLICABLE Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HOUSEY, ED DO NOT WRITE **COLDWELL BANKER REALTY** 910 SE 17 STREET IN THIS SPACE FT. LAUDERDALE, FL 33316 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 title if applicable. (NOTE Registored Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE DPST HOUSEY, ED NAME STREET ADDRESS 1985 S. OCEAN DR., #17-N CITY-ST-78P HALLANDALE, FL 33009 TITLE U00000383272 01/12/06-80046-024 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 giner like empowered.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Unn 8, 8006

954 3280442

Daytime Phone #

FILED