2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000086068

City-St-Zip: TAMPA, FL 33609

Entity Name: J. NORMAN GIOVENCO, C.P.A., P.A.

FILED Apr 19, 2006 Secretary of State

| Current Pri | ncipal Pla | ace of Business: | New Principal Place | New Principal Place of Business: | |
|---|-------------|---|-----------------------------------|--|--|
| 110 S. HOC SUITE 110 TAMPA, FL | | D. | | | |
| Current Mailing Address: | | | New Mailing Address | New Mailing Address: | |
| 110 S. HOC 110 TAMPA, FL | | D. | | | |
| FEI Number: (| 65-0541183 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and | Address o | f Current Registered Agent: | Name and Address o | Name and Address of New Registered Agent: | |
| GIOVENCC 100 SOUTH #1650 TAMPA, FL | Í ASHLEY | DRIVE | | | |
| The above r | | ty submits this statement for the p | urpose of changing its registered | d office or registered agent, or both, | |
| SIGNATUR | E: | | | | |
| | Elect | ronic Signature of Registered Age | nt | Date | |
| Election Cam | paign Finan | cing Trust Fund Contribution (). | | | |
| OFFICERS | AND DIR | ECTORS: | ADDITIONS/CHANGE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: | | () Delete J. NORMAN VER BLVD. #110 | Title: Name: | () Change () Addition | |

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: J NORMAN GIOVENCO PSTD 04/19/2006