## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED** 2006 00.00

		<del></del>				
1. Entity Nat	MENT # P940000883 DCOA, INC.	324				cretary of State
400 EXECU STE. 207	ce of Business TIVE CENTER DR. I BEACH, FL 33401	Mailing Address 400 EXECUTIVE CENTER DRIVE WEST PALM BEACH, FL 33401				III BBSB IBBB IBBB IBBB BIIBB IBBB III IBBB III IBBB
	OO NOT WRITE	IN THIS SDA	~	02092006	No Chg-P	CR2E034 (11/05)
<b>_</b>	DO NOT WRITE	IN THIS SPA	JE	4. FEI Numb 65-052 5. Certificate		Applied For Not Applicable  \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent PERRY, ANN H 1621 NW 10 STREET BOCA RATON, FL 33486			DO NOT WRITE IN THIS SPACE			
8. The above the obliga	e named entity submits this statement for it tions of registered agent.	ne purpose of changing its registere	ed office or registe	red agent, or bo	th, in the State of Fic	rida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and	tille I applicable (NOTE Registered	Agent signature réquire	d when reinstating)		DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Finan     Trust Fund Contribution.		.00 May Be ed to Fees		······································
10.	ÖFFICERS AND DI	RECTORS			、	A STATE OF THE STA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HANSON, MARY J 301 OCEAN BLUFFS BLVD APT 30 JUPITER, FL 34477	a de la companya de l			UOMAA	3528015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PERRY, ANN H 1621 NW 10 STREET BOCA RATON, FL 33486			,	05/05/06-	-80020-006 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JENSEN, BONNI S 91 W PLUMOSA LANE LAKE WORTH, FL 33467	X	- <del>-</del>	DO	NOT W	RITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN <sup>*</sup>	THIS SF	ACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY ST. 71P		र स्थाप्ता चार्च च				

12. I hereby certify that the information supplied with this iffing 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 trustae empowered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all piner like empowered.

SIGNATURE:

SIGNATURE: