

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P95000030023 1. Entity Name ALAN J. COOPER, P.A.			
Principal Place of Business 218 NORTH U.S. HIGHWAY #1 TEQUESTA, FL 33469		Mailing Address 218 NORTH U.S. HIGHWAY #1 TEQUESTA, FL 33469	
2. Principal Place of Business 250 TEQUESTA DR Suite, Apt. #, etc. SUITE 202 City & State TEQUESTA, FLORIDA Zip 33469 Country USA		3. Mailing Address 250 TEQUESTA DR Suite, Apt. #, etc. Suite 202 City & State TEQUESTA FLORIDA Zip 33469 Country USA	
4. FEI Number 65-0574389		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		01272006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent COOPER, ALAN J 218 NORTH US HIGHWAY 1 SUITE 200 TEQUESTA, FL 33469		7. Name and Address of New Registered Agent Name ALAN J COOPER Street Address (P.O. Box Number is Not Acceptable) 250 TEQUESTA DRIVE Suite 202 City TEQUESTA FL Zip Code 33469	
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: <u>Alan J Cooper President</u> DATE: <u>1/27/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME COOPER, ALAN J STREET ADDRESS 218 NORTH US HIGHWAY 1 CITY-ST-ZIP TEQUESTA, FL	<input type="checkbox"/> Delete	TITLE P A NAME ALAN J. COOPER STREET ADDRESS 250 TEQUESTA DR STE 202 CITY-ST-ZIP TEQUESTA, FL 33469	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME COOPER, YVONNE M STREET ADDRESS 218 NORTH US HWY 1 CITY-ST-ZIP TEQUESTA, FL 33419	<input type="checkbox"/> Delete	TITLE VP D NAME COOPER, YVONNE M STREET ADDRESS 250 TEQUESTA DR STE 202 CITY-ST-ZIP TEQUESTA, FL 33469	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 other like empowered.			
SIGNATURE: <u>Alan J Cooper</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>1/27/06</u> Daytime Phone #: <u>(561) 744-2455</u>	

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