2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER O

Aug 29, 2006 8:00 am Secretary of State DOCUMENT # P95000032639 08-29-2006 90061 005 ***550.00 1. Entity Name DOC'S, INC. Principal Place of Business Mailing Address 6264!VTI: 9!O 6264!VTI: 9!O NBLFNBOE!QM4491: !!!!!!VT NELFNEOE: (0x14491: !!!!!!VT No Chg-P CR2E034 (11/05) 07272006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3310629 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KARDON, CRAIG DO NOT WRITE 1517 ARCHERS PATH LAKELAND, FL 33809 IN THIS SPACE 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE KARDON, CRAIG 1517 ARCHERS PATH STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 33809 NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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.

FILED