## 2006 FOR PROFIT CORPORATION

ANNUAL REPORT				Feb 27, 2006 08:00 AN			
DOCU!	MENT # P9500005261			Secre	tary of	State	
	ORLD PROFESSIONAL ASSO	CIATES, INC.					
Principal Plac	e of Business A	failing Address					
4115 W. SPR		4115 W SPRUCE ST		<u> </u>			
TAMPA, FL	3360/	TAMPA, FL 33607					
			01052006	No Chg-P	CR2E034 (1	1/05)	
DO NOT WRITE IN THIS SPA			CE	4. FEI Numb			Applied For
				59-335	7423		Not Applicat
				5. Certificate	of Status Desired		5 Additional Required
	6. Name and Address of Current Regi	stered Agent					
	V, JAMES W		DO	NOT W	RITE		
400 N. TAMPA ST SUITE 2300				_ =			
TAMPA, FL 33602				IN.	THIS SF	PACE	
8. The above	named entity submits this statement for the tions of registered agent.	purpose of changing its register	ed allice ar register	ed agent, or bo	th, in the State of Fl	orida. I am familia	ar with, and accep
SIGNATURE_	Signature, typed or printed name of registered agent and little	oli applicable.	d Agent signature required	when reinsteling)		DATE	
FILE NOWIII FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Finar Trust Fund Contribution.			cing \$5.00 May 8e 03/09/06-80028-015 150.00 Added to Fees			5 150.00	
10.	OFFICERS AND DIRE	CTORS				<del></del>	
TITLE	D CLASS SIGN		1				
NAME STREET ADDRESS	GLASS, SKIP 4115 W SPRUCE ST	ł					
CITY-ST-ZIP	TAMPA, FL 33607						
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NAME				114		<b>"</b> べいに	
STREET ADDRESS CITY-ST-ZIP			I				
TITLE	<del></del>		1				
NAME CTREET ACCOSED			<b>[</b>				
STREET ADDRESS	1		-				

12. I hereby certily that the information applied 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 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 supplied with the information and the encountry of the composition or the receipt of the 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:

CITY-ST-ZIP

NAME STREET ADDRESS

LIPE I, WILL I CES

1/19/06 8138768611 Date Deptine Proces