

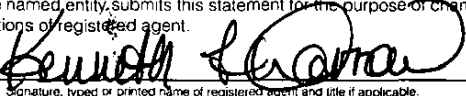
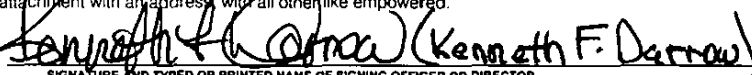


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90418 045 ***150.00

DOCUMENT # P96000001653					
1. Entity Name KENNETH F. DARROW, P.A.					
Principal Place of Business 9400 S DADELAND BLVD PH 5 MIAMI, FL 33156 US			Mailing Address 9400 S DADELAND BLVD PH 5 MIAMI, FL 33156 US		
2. Principal Place of Business 8440 S. Dixie Highway Suite, Apt. #, etc. 901		3. Mailing Address 8440 S. Dixie Highway Suite, Apt. #, etc. 901			
City & State Miami FL		City & State Miami, FL		4. FEI Number 65-0685705	
Zip 33143 Country USA		Zip 33143 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DARROW, KENNETH F 9400 S DADELAND BLVD PH 5 MIAMI, FL 33156			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8440 S. Dixie Highway #901 City Miami FL Zip Code 33143		
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:  DATE: 4/26/06 <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 NAME STREET ADDRESS CITY-ST-ZIP	PD DARROW, KENNETH F 9400 S DADELAND BLVD PH5 MIAMI, FL 33156	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Kenneth F Darrow 8440 S. Dixie Highway #901 Miami, FL 33143
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<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:  (Kenneth F. Darrow)			Date: 4/26/06 Daytime Phone #: 305 670-8200		