## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

City-St-ZiP

SIGNATURE:

## Feb 06, 2006 08:00 AM Secretary of State DOCUMENT # P96000017779 CARÓL O'BRIEN, P.A. Principal Place of Business Mailing Address 2675 COUNTRY GOLF DR 2675 COUNTRY GOLF DR WELLINGTON, FL 33414 WELLINGTON, FL 33414 01242006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEi Number 65-0645953 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent O'BRIEN, CAROL DO NOT WRITE 2675 COUNTRY GOLF DR WELLINGTON, FL 33414 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. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 **\$5.00** May Be $\Box$ Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS T(TLE NAME O'BRIEN, CAROL STREET ADDRESS 2675 COUNTRY GOLF DR 02/16/06-80034-017 (S0.00 CITY-ST-ZIP WELLINGTON, FL 33414 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 attachquent with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**