


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90029 008 ***150.00

DOCUMENT # P96000025873	
1. Entity Name DREW LOVELL, P.A.	

Principal Place of Business 625 N. FLAGLER DR., 9TH FLOOR WEST PALM BEACH FL 33401 US 4590 PGA Blvd, Ste 204	Mailing Address 625 N. FLAGLER DR., 9TH FLOOR WEST PALM BEACH FL 33401 US 4590 PGA Blvd
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2. Principal Place of Business Suite 204	3. Mailing Address Suite 204
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State Palm Beach Gardens, FL	City & State Palm Beach Gardens, FL
Zip 33418	Country USA
Zip 33418	Country USA

4. FEI Number 65-0661721	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LOVELL, RICHARD A 625 N. FLAGLER DR., 9TH FLOOR WEST PALM BEACH FL 33401	
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7. Name and Address of New Registered Agent Name Lovell, Richard Andrew Street Address (P.O. Box Number is Not Acceptable) 4590 PGA Blvd, Ste 204 City Palm Beach Gardens, FL Zip Code 33418	
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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 _____ <small>(Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating))</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOVELL, DREW 625 N. FLAGLER DR., 9TH FLOOR WEST PALM BEACH FL 33401 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Lovell, Drew 4590 PGA Blvd, Ste 204 Palm Beach Gardens, FL 33418 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  Drew Lovell, President/CEO 2/7/06 561 655-7766	Date _____ Daytime Phone # _____
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