## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED Apr 20, 2006 08:00 AN Secretary of State

	ANNUAL	REPURI			Apr 20, 2000 00.00 h
1. Entity Name	MENT # P960000266 & ASSOCIATES, P.A.	627			Secretary of State
Principal Place 55 EAST PIN	E STREET	Mailing Address 55 EAST PINE STREET			
ORLANDO, FI	L 32801	ORLANDO, FL 32801			
DO NOT WRITE IN THIS SPACE				03212006 4. FEI Numb 59-337 5. Certificate	
6. Name and Address of Current Registered Agent  LARSEN, RICHARD E 55 E. PINE STREET  ORLANDO, FL 32801			DO NOT WRITE 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. It am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating)  DATE					
FIL After Ma	E NOW!!! FEE 18 \$150.00 ay 1, 2006 Fee will be \$550.0	Election Campaign Fina     Trust Fund Contribution.		.00 May Be ded to Fees	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D DP LARSEN, RICHARD E 55 E. PINE STREET ORLANDO, FL 32801	DIRECTORS			000000521545 05/02/06-80135-022 150.0
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,			NOT WRITE
NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					**************************************
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 suppliemental 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 fluster 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 actives, with all other like empowered.					

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR