


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90247 002 ***150.00

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| DOCUMENT # P96000028684 |  |
| 1. Entity Name COLEEN O'LEARY HENDERSON, P.A. | |

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|---|---|
| Principal Place of Business 1836 SW 22 TERRACE MIAMI, FL 33145 <i>5501 Cheshire Dr Unit 102 Ft. Myers FL 33912</i> | Mailing Address 1836 SW 22 TERRACE MIAMI, FL 33145 <i>Same</i> |
|---|---|



03072006 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 65-0650035 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent HENDERSON, COLEEN O 2601 S. BAYSHORE DR. SUITE 250 COCONUT GROVE, FL 33133 <i>5501 Cheshire Dr Unit 102 Ft Myers FL 33912</i> | |
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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.

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| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title 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 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PSTD HENDERSON, COLEEN O 1836 SW 22 TERRACE MIAMI, FL 33145 <i>5501 Cheshire Dr Unit 102, Ft. Myers FL 33912</i> |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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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 reports 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:  | 3/1/06 | 3052971962 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | <small>Date</small> | <small>Daytime Phone #</small> |