2006 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 20, 2006 08:00 AM Secretary of State DOCUMENT # P96000032742 1. Entity Name FRANCES BLISSETT, P.A. Principal Place of Business Mailing Address 16211 N.E. 18 AVENUE NORTH MIAMI BEACH, FL 33162 16211 N.E. 18 AVENUE NORTH MIAMI BEACH, FL 33162 01172006 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0659916 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BLISSETT, FRANCES DO NOT WRITE 16211 N.E. 18 AVENUE NORTH MIAMI BEACH, FL 33162 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 Signature, typed or printed name of registered agent and title if applicable (NOTE_Registered Agent signature required when relestating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS **PSD** DILE BLISSETT, FRANCES ESQ. NAME STREET ADDRESS 16211 N.E. 18 AVENUE 000000441261 CHY-SI-ZIP NORTH MIAMI BEACH, FL 33162 03/03/06-80029-008 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE HAME STREET ADDRESS DO NOT WRITE COTY-ST-ZIP 7775IN THIS SPACE MAME STREET ADDRESS CITY-SI-DP TITLE NAME STREET ADDRESS City-ST-ZiP BILL

12. I nereby 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 legat 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:

STREET ADDRESS CHY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED