



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 27, 2006 8:00 am**  
**Secretary of State**

01-27-2006 90040 007 \*\*\*150.00

<b>DOCUMENT # P96000038531</b>					
<b>1. Entity Name</b> JAMES P. MCDONALD, P.A.					
<b>Principal Place of Business</b> 2 EAST CAMINO REAL BANYAN COURT, SUITE 201 BOCA RATON, FL 33432			<b>Mailing Address</b> 2 EAST CAMINO REAL BANYAN COURT, SUITE 201 BOCA RATON, FL 33432		
<b>2. Principal Place of Business</b> 233 S. Federal Hwy Suite, Apt. #, etc. Suite 103 City & State Boca Raton Zip 33432 Country USA		<b>3. Mailing Address</b> 233 S. Federal Hwy Suite, Apt. #, etc. Suite 103 City & State Boca Raton Zip 33432 Country USA			
<b>4. FEI Number</b> 01242006		<b>Chg-P</b>		<b>CR2E034 (11/05)</b>	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>		<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> MCDONALD, JAMES P 2 EAST CAMINO COURT BANYAN COURT, SUITE 201 BOCA RATON, FL 33432			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 233 S. Federal Hwy, Suite 103 City Boca Raton FL Zip Code 33432		
<b>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.</b> SIGNATURE: <u>James P. McDonald</u> <b>JAMES P. MCDONALD</b> <u>1/24/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2006 Fee will be \$550.00		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST MCDONALD, JAMES P 607 NE 17TH WAY FORT LAUDERDALE, FL 33304	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT BOZARTH, KENNETH E 607 NE 17TH WAY FORT LAUDERDALE, FL 33304	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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 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.</b>					
<b>SIGNATURE:</b> <u>James P. McDonald</u> <b>JAMES P. MCDONALD</b> <u>1/24/06</u> <u>561-368-1212</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					