## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Secretary of State DOCUMENT # P96000046232 05-02-2006 90429 032 \*\*\*150.00 1. Entity Name ATTORNEY - CLIENT LEGAL SERVICES, INC. Principal Place of Business Mailing Address 1108 E NEWPORT CENTER DR 1108 EAST NEWPORT CENTER DRIVE DEERFIELD BEACH, FL 33442 DEERFIELD BEACH, FL 33482 04192006 Chg-P CR2E034 (11/05) 4. FEI Number Applied For 65-0708314 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MENNELLA, FRANK 1108 E NEWPORT CENTER DR 800 Yamato Rd. Ste Street Address (P.O. Box Number is Not Acceptable) DEERFIELD BEACH, FL 33442 Bora Raton, F1 33451 Zip Code 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE PD ☐ Delete TITLE Change ☐ Addition SMITH, ANDREW NAME NAME Ste 100 800 Yamato Rd STREET ADDRESS 1108 E NEWPORT CENTER DRIVE STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH, FL 33442 CITY-ST-ZIP SD TITLE ☐ Delete TITLE Change ☐ Addition MENNELLA, FRANK NAME NAME 800 Yamato Rd Ste 100 STREET ADDRESS 1108 E NEWPORT CENTER DRIVE STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH, FL 33442 CITY-ST-ZIP 33431 TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change Maddition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS 12. I hereby 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 acquired and that my signature shall the the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or fustee expowers to succeed this report of the corporation or the receiver or fustee expowers to succeed this report of the corporation or the receiver of fustee expowers to succeed the corporation of the corporation of the corporation or the receiver of fustee expowers to succeed the corporation of the corpora changed, or on an attachmen SIGNATURE:

**FILED** 

May 02, 2006 8:00 am

Daytime Phone :