

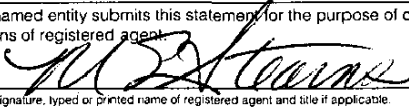
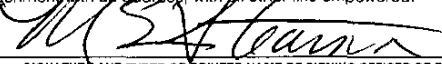
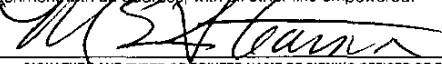


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90029 010 ***150.00

DOCUMENT # P96000092631 1. Entity Name LEIBY STEARNS AND ROBERTS, P.A.					
Principal Place of Business 1390 N. UNIVERSITY DR. PLANTATION, FL 33322 US			Mailing Address 1390 N. UNIVERSITY DR. PLANTATION, FL 33322 US		
2. Principal Place of Business 1000 SAWGRASS Corp Pkwy Suite, Apt. #, etc. Suite 552 City & State Fort Lauderdale, FL Zip 33323 Country USA		3. Mailing Address 1000 SAWGRASS Corp Pkwy Suite, Apt. #, etc. Suite 552 City & State Fort Lauderdale, FL Zip 33323 Country USA			
4. FEI Number 65-0710384				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEIBY, LARRY R 1390 N UNIVERSITY DR PLANTATION, FL 33322			7. Name and Address of New Registered Agent Name Michael E. Stearns Street Address (P.O. Box Number is Not Acceptable) 1000 SAWGRASS Corp Pkwy Suite 552 City Fort Lauderdale FL Zip Code 33323		
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  DATE Feb. 28th, 2006 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS LEIBY, LARRY R 1390 N UNIVERSITY DR PLANTATION, FL 33322	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Leiby, Larry R. 1000 SAWGRASS Corp Pkwy, #552 Fort Lauderdale, FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STEARNS, MICHAEL E 1390 N. UNIVERSITY DRIVE PLANTATION, FL 33322	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Michael E. Stearns 1000 SAWGRASS Corp. Pkwy, #552 Fort Lauderdale, FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LINKHORST, ADAM C 1390 N. UNIVERSITY DRIVE PLANTATION, FL 33322	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPs Douglas J. Roberts 1000 SAWGRASS Corp. Pkwy, #552 Fort Lauderdale, FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROBERTS, DOUGLAS J 1390 N. UNIVERSITY DRIVE PLANTATION, FL 33322	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPs Douglas J. Roberts 1000 SAWGRASS Corp. Pkwy, #552 Fort Lauderdale, FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROBERTS, DOUGLAS J 1390 N. UNIVERSITY DRIVE PLANTATION, FL 33322	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPs Douglas J. Roberts 1000 SAWGRASS Corp. Pkwy, #552 Fort Lauderdale, FL 33323
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.					
SIGNATURE: 			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
SIGNATURE: 			DATE Feb. 28th, 2006 (954) 382-9199		