2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006
Secretary of State

DOCUMENT# P97000002614

Entity Name: SCHOEPPL & BURKE, P.A.

Current Principal Place of Business:

4651 NORTH FED. HWY.
BOCA RATON, FL 334315133 US

New Principal Place of Business:

4651 NORTH FEDERAL HWY.
BOCA RATON, FL 334315133 US

Current Mailing Address:

4651 NORTH FED. HWY.
BOCA RATON, FL 334315133 US

New Mailing Address:

4651 NORTH FEDERAL HWY.
BOCA RATON, FL 334315133 US

FEI Number: 65-0720092 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHOEPPL, CARL F
4651 NORTH FED. HWY.
BOCA RATON, FL 334315133 US

Name and Address of New Registered Agent:

SCHOEPPL, CARL F
4651 NORTH FEDERAL HWY.
BOCA RATON, FL 334315133 US

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.

SIGNATURE: 02/03/2006
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: BURKE, MICHELLE C
Address: 4800 N FEDERAL HWY STE-207-D
City-St-Zip: BOCA RATON, FL 33431

Title: P ( ) Delete
Name: SCHOEPPL, CARL F
Address: 4800 N FEDERAL HWY, STE-207-D
City-St-Zip: BOCA RATON, FL 33431

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition
Name: BURKE, MICHELLE C
Address: 4651 NORTH FEDERAL HWY
City-St-Zip: BOCA RATON, FL 33431

Title: P (X) Change ( ) Addition
Name: SCHOEPPL, CARL F
Address: 4651 NORTH FEDERAL HWY
City-St-Zip: BOCA RATON, FL 33431

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARL F. SCHOEPPL P 02/03/2006
Electronic Signature of Signing Officer or Director — Date