
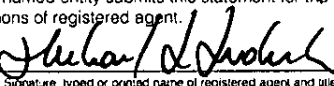



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90232 031 ***150.00

DOCUMENT # P97000094100 1. Entity Name CARLSON, FREDERICK AND COMPANY, P.A.					
Principal Place of Business 15600 SW 288TH ST, STE 305 HOMESTEAD, FL 33033			Mailing Address 15600 SW 288TH ST, STE 305 HOMESTEAD, FL 33033		
2. Principal Place of Business 75 NE 15th Street Suite, Apt. #, etc.		3. Mailing Address 75 NE 15th Street Suite, Apt. #, etc.			
City & State Homestead, FL Zip 33030		City & State Homestead, FL Zip 33030		4. FEI Number 65-0788627	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FREDERICK, MICHAEL L 15600 SW 288 STREET SUITE 305 HOMESTEAD, FL 33033			7. Name and Address of New Registered Agent Name Michael Frederick Street Address (P.O. Box Number is Not Acceptable) 75 NE 15th Street City Homestead FL Zip Code 33030		
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  Michael L. Frederick 1/11/06 <small>(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	VP CARLSON, ROBERT 15600 SW 288TH ST, STE 305 HOMESTEAD, FL 33033 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 75 NE 15th Street Homestead, FL 33030	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FREDERICK, MICHAEL 15600 SW 288TH ST STE 305 HOMESTEAD, FL 33033 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 75 NE 15th Street Homestead, FL 33030	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASTS CINTADO, PATRICIA 15600 SW 288 STREET SUITE 305 HOMESTEAD, FL 33033 <input checked="" 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	Assist. Sec. Julie Frederick 75 NE 15th Street Homestead, FL 33030 <input type="checkbox"/> Change <input checked="" 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	
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: 			Michael L. Frederick 1/11/06 (305) 242-1455		