1 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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SIGNATURE:

Feb 27, 2006 8:00 am Secretary of State DOCUMENT # P97000107040 02-27-2006 90082 011 ***150 00 1. Entity Name BEVÉRLY BOAS, M.S., CCC, P.A. Principal Place of Business Mailing Address 18520 N. DALE MABRY 18520 N. DALE MABRY LUTZ, FL 33548 LUTZ, FL 33548 01102006 No Chq-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3487189 Not Applicable \$8.75 Additional. 5.º Certificate of Status Desired 6. Name and Address of Current Registered Agent A SON'S PORT OF THE SON THE GOLDSTEIN, BRUCE S DO NOT WRITE 500 E. KENNEDY BOULEVARD SUITE 200 IN THIS SPACE TAMPA, FL 33602 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. 10. OFFICERS AND DIRECTORS TITLE BOAS, BEVERLY MS NAME STREET ADDRESS 13609 LYTTON WAY TAMPA, FL 33624 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 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

FILED

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(813)968-6560