


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000000368

1. Entity Name
 LINDA SPAULDING WHITE, P.A.



Principal Place of Business
 633 SOUTH FEDERAL HIGHWAY
 FORT LAUDERDALE, FL 33301

Mailing Address
 633 SOUTH FEDERAL HIGHWAY
 FORT LAUDERDALE, FL 33301

DO NOT WRITE IN THIS SPACE



04042006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0804777	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SPAULDING WHITE, LINDA
 633 SOUTH FEDERAL HIGHWAY
 FORT LAUDERDALE, FL 33301

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

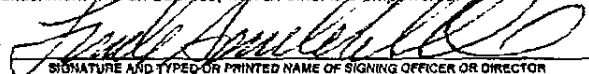
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000495501
 04/21/06-80012-014 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD SPAULDING WHITE, LINDA 633 SOUTH FEDERAL HIGHWAY FORT LAUDERDALE, FL 33001
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **4/4/06 (954)847-3366**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____