

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 04, 2006 8:00 am**  
**Secretary of State**

04-04-2006 90044 047 \*\*\*158.75

**DOCUMENT # P98000005376**

1. Entity Name  
**RUYE H. HAWKINS, P.A.**



Principal Place of Business  
**135 WEST CENTRAL BLVD  
 STE 700  
 ORLANDO, FL 32801**

Mailing Address  
**P.O. BOX 555876  
 ORLANDO, FL 32855-5876**



2. Principal Place of Business  
**2215 West Gore St.**

3. Mailing Address  
**Same As Above**

Suite, Apt. #, etc.

03162006 Chg-P CR2E034 (11/05)

City & State  
**Orlando Florida**

City & State

Zip  
**32805** Country  
**USA**

Zip Country

4. FEI Number  
**59-3490755**

Applied For  
 Not Applicable

6. Name and Address of Current Registered Agent  
**HAWKINS, RUYE H ESQ  
 135 WEST CENTRAL BLVD STE 700  
 ORLANDO, FL 32801**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

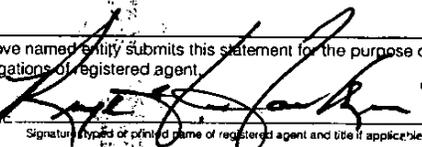
7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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.

X SIGNATURE  DATE **3/21/06**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD HAWKINS, RUYE H ESQ 135 WEST CENTRAL BLVD, STE 700 ORLANDO, FL 32801	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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:  DATE **3/21/06** 407 **920-9366**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR