2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 03, 2006 08:00 AM Secretary of State DOCUMENT # P98000050226 1. Entity Name HOWARD A. KUSNICK, P.A. Principal Place of Business Mailing Address 300 NW 82 AVE 300 NW 82 AVE SUITE 505 SUITE 505 FT LAUDERDALE, FL 33324 FT LAUDERDALE, FL 33324 02152006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0842001 Not Applicat \$8.75 Additional 5. Certificate of Status Desired П Fee Required 5. Name and Address of Current Registered Agent KUSNICK, HOWARD A DO NOT WRITE 300 NW 82 AVE SUITE 505 IN THIS SPACE FT LAUDERDALE, FL 33324 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 Signature, typed or printed name of registered agent and title if applicable (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 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME KUSNICK, HOWARD A STREET ADDRESS 300 NW 82 AVE. SUITE 505 1950 C/TY-ST-78 FT LAUDERDALE, FL 33324 TITLE STREET ADDRESS CITY-ST-ZIP 7171 F MANE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP MAME

12. I hereby certify that the information supplied with this filing does not quality 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 cytrustee 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 otherwise empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

954472104