## **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

## DOCUMENT # P98000051657



DEBRA PARDEE-GAFFNEY, LICENSED ACUPUNCTURIST, INC.

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90079 007 \*\*\*150.00

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Principal Place	e of Busines	s	Mailing	Address									
339 E. NEW YORK AVENUE DELAND, FL 32724-5509 US				339 E. NEW YORK AVENUE Deland, Fl. 32724-5509 US				40007770					
Principal Place of Business     3. Mailing Address													
Suite, Apt.	#, etc.	Suite,	Suite, Apt. #, etc.				01102006	Chg-	.Р	CR2E	034 (11/05	)	
City & State	е	City &	City & State				4. FEI Numb 59-356			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Applied For Not Applicable	
Zip			Country			5. Certificate	of Status I	Desired		\$8.75 A			
	6. Name	and Address of Curre	nt Registered	Agent				7. Name and	Address	of New R	egistered	Agent	**************************************
PARDEE-0	W YORK A	AVENUE `				Name Street Ad	ddress (F	O. Bex Numb	er is Not A	cceptable	)		
DELAND, I	FL 32/24	-5509											
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8. The above	named entit	y submits this statement	t for the purpos	e of changing its	registere	ed office or	registere	ed agent, or bo	th, in the S	tate of Flo	rida. Lam	familiar with	n, and accept
the obligati	tions of regist	iered agent.				# 15							
SIGNATURE.	Signature typed	or printed name of registered ag	ent and title it applic	stole. * (NOTE	- Racisson			when rainstating)			DATE	······································	
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12. Thereby 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: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Debna Panler 6 affney 336 7344126