

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90044 001 ***150.00

DOCUMENT # P98000062992 1. Entity Name DEBORAH L. GRAHAM, P.A.					
Principal Place of Business 1101 N OLIVE AVE W PALM BCH FL 33401				Mailing Address 1101 N OLIVE AVE W PALM BCH FL 33401	
2. Principal Place of Business 1110 Lakeshore DR.		3. Mailing Address P.O. Box 14793			
Suite, Apt. #, etc. 204		Suite, Apt. #, etc.			
City & State LAKE PARK, FL.		City & State N. Palm Beach, FL		4. FEI Number 65-0855346	
Zip 33403		Country PB		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33408		Country PB		Applied For Not Applicable	
6. Name and Address of Current Registered Agent GRAHAM, DEBORAH L 1101 N OLIVE AVE W PALM BCH FL 33401				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1110 Lakeshore DR. # 204 City LAKE PARK FL Zip Code 33403	
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 <u>Deborah L. Graham</u> <u>Deborah L. Graham</u> <u>2/8/06</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete GRAHAM, DEBORAH 1110 Lakeshore Dr # 204 1101 N OLIVE AVE W PALM BCH FL 33401 LAKE PARK, FL 33403		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"/> Delete		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"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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 Section 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: <u>Deborah L. Graham</u> <u>D.L. GRAHAM</u> <u>2/8/06</u> <u>561-596-5297</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					