


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000075203 1. Entity Name KERNER & WAGSHOL, P.A.	
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Principal Place of Business 6415 LAKE WORTH ROAD, STE. 302 LAKE WORTH, FL 33463	Mailing Address 6415 LAKE WORTH ROAD, STE. 302 LAKE WORTH, FL 33463
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04272006 No Chg-P CRZE034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0858038	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WAGSHOL, RON 6415 LAKE WORTH ROAD, STE. 302 LAKE WORTH, FL 33463
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**DO NOT WRITE
IN THIS SPACE**

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 re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000551606 05/13/06-80103-023 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KERNER, LAURIE 6415 LAKE WORTH RD, STE 302 LAKE WORTH, FL 33463
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WAGSHOL, RON 6415 LAKE WORTH RD, STE 302 LAKE WORTH, FL 33463
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IN THIS SPACE**

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: *Ron Wagshol* VP 4/26/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

RON WAGSHOL, VP