2006 FOR PROFIT CORPORATION

Secretary of State ANNUAL REPORT 02-13-2006 90045 021 ***150.00 DOCUMENT # P98000093650 JEANNE T. TATE, P.A. 400ras. Principal Place of Business Mailing Address 418 W. PLATT STREET 418 W. PLATT STREET TAMPA, FL 33606 TAMPA, FL 33606 02042006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3541284 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TATE, JEANNE T DO NOT WRITE 418 W PLATT ST TAMPA, FL 33606 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_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME TATE, JEANNE T STREET ADDRESS 418 W. PLATT STREET CITY-ST-7IP TAMPA, FL 33606 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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:

CITY-ST-ZIP TITL F

STREET ADDRESS CITY-ST-ZIP

> d ND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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FILED Feb 13, 2006 8:00 am