## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 02, 2006 08:00 Al Secretary of State

DOCUMENT # P9900003575  1. Entity Name KATHRYN B. JOHNSTON, P.A.					Secret	ary of State
Principal Plac 1962 26TH : VERO BEACH	avenue	Mailing Address 1962 26TH AVENUE VERO BEACH, FL 32960				
C	O NOT WRITE  6. Name and Address of Current R		CE	04132006 <b>4.</b> FEI Numb 65-089	er	034 (11/05)  Applied For Not Applicable \$8.75 Additional Fee Required
JOHNSTON, KATHRYN B 1962 26TH AVENUE VERO BEACH, FL 32960			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  Signature, typed or printed name of registered agent and ble if applicable.  (NOTE. Registered Agent signature required when reinstating)  DATE  PILE NOW!!! FEE IS \$150.00  9. Election Campaign Financing \$5.00 May Be						
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00 OFFICERS AND D	Trust Fund Contribution.		ed to Fees	U000005578 05/17/06-8006	86 6-024 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSTON, KATHRYN B 1962 26TH AVENUE VERO BEACH, FL 32960	-				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRIT	E
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<b>IN</b> T	THIS SPACI	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						·
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
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:						
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFIGER OR DIRECTOR  Dayline Phone #						