2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Feb 03, 2006 08:00 AM **Secretary of State** DOCUMENT # P99000018239 1. Entity Name ELIOT CORVIN. P.A. Principal Place of Business Malling Address 1885 HIDDEN TRL LANE 1885 HIDDEN TRL LANE WESTON, FL 33329 WESTON, FL 33329 01302006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0904465 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CORVIN, ELIOT DO NOT WRITE 1885 HIDDEN TRL LANE WESTON, FL 33327 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 it applicable (NOTE: Registered Agent signature required when reinstaling) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution, Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME CORVIN, ELIOT STREET ADDRESS 1885 HIDDEN TRULANE City-\$7-zir WESTON, FL 33327 100000418261 02/13/06-80085-021 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZUP IN THIS SPACE ZIZIE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STITLET ADDRESS CITY-ST-ZIP HILE 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 it 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.

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CHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED