


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 10, 2006 8:00 am**  
**Secretary of State**

03-10-2006 90017 050 \*\*\*150.00

<b>DOCUMENT # P99000047373</b>	
1. Entity Name <b>AMES BENNETT &amp; ASSOCIATES, P.A.</b>	

Principal Place of Business (New) <del>230 ROYAL PALM WAY, SUITE 301-- PALM BEACH FL 33480</del> 1975 Sansburys Way #115 West Palm Beach, FL 33411-1928	Mailing Address (New) <del>230 ROYAL PALM WAY, SUITE 301-- PALM BEACH FL 33480</del> 1975 Sansburys Way #115 West Palm Beach, FL 33411
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2. Principal Place of Business 1975 Sansburys Way Suite, Apt. #, etc. Suite #115	3. Mailing Address 1975 Sansburys Way Suite, Apt. #, etc. Suite #115
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City & State West Palm Beach, FL	City & State West Palm Beach, FL
Zip 33411-1928 Country U.S.A.	Zip 33411-1928 Country U.S.A.

4. FEI Number 59-1161055	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  KENNEY, TIMOTHY H ESQ. 120 BUTLER STREET STE B WEST PALM BEACH FL 33407	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing)</small>	DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D President <input type="checkbox"/> Delete BENNETT, AMES <del>230 ROYAL PALM WAY, SUITE 301-- PALM BEACH FL 33480</del> (New office address)	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input type="checkbox"/> Delete Bennett, Ames 1975 Sansburys Way #115 West Palm Beach, Florida 33411-1928	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
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

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: 	02/28/06 (561)798-7208
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #