


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000082942**

1. Entity Name  
 LORRAINE J. BLUM L.C.S.W., P.A.



Principal Place of Business  
 951 S.W. 4TH AVENUE  
 BOCA RATON, FL 33432-5803

Mailing Address  
 951 S.W. 4TH AVENUE  
 BOCA RATON, FL 33432-5803



04202006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 65-0952301

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BLAKESBERG, JON D  
 C/O BLAKESBURG & COMPANY, C.P.A.'S  
 951 S.W. 4TH AVENUE  
 BOCA RATON, FL 33432-5803

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BLUM, LORRAINE J
STREET ADDRESS	951 SW 4TH AVE
CITY - ST - ZIP	BOCA RATON, FL 33432
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
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CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000539377  
 05/09/06-80096-014 150.00

**DO NOT WRITE 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: Lorraine Blum NAME OF SIGNING OFFICER OR DIRECTOR: **LORRAINE BLUM** TITLE: **PRESIDENT** Date: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_