2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 27, 2006 08:00 AN Secretary of State DOCUMENT # P99000093847 1. Entity Name JAMES A. REESE, P.A. Principal Place of Business Mailing Address 9830 MOHRS COVE LN 717 EAST OAK STREET WINDERMERE, FL 34786 KISSIMMEE, FL 34744 03202006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3605571 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent REESE, JAMES A DO NOT WRITE 9830 MOHRS COVE LANE WINDERMERE, FL 34786 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 famillar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Ament stonature regulard when reinstation) ĐĀTĖ U00000541026 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 05/10/06-80041-010 150.00 10. OFFICERS AND DIRECTORS PSDT DITE REESE, JAMES A NAME 9830 MOHRS COVE LN STREET ADDRESS CITY-ST-ZIP WINDERMERE, FL 34786 TITLE REESE, CYNTHIA A NAME STREET ADDRESS 9830 MOHRS COVE LN CITY - ST-ZIP WINDERMERE, FL 34786 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP RBF IN THIS SPACE NAME STREET ADDRESS

12. Thereby 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 807, 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 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

> SIGNATURE AND TYPED OR PRINTED NA F SIGNING OFFICER OR DIRECTO

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