## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## DOCUMENT # P99000107333

1. Entity Name
THE LAW OFFICES OF ROBERT WAYNE PEARCE, A PROFESSIONAL ASSOCIATION



**FILED** Jan 23, 2006 08:00 AN Secretary of State

Principal Place of Business

1499 W PALMETTO PARK ROAD

SUITE 300 BOCA RATON, FL 33486 Mailing Address

1499 W PALMETTO PARK ROAD

SUITE 300

BOCA RATON, FL 33486



| DO I | NOT | WRITE | IN | THIS | SPAC | F |
|------|-----|-------|----|------|------|---|
|------|-----|-------|----|------|------|---|

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Applied For 4. FEI Number 65-0976028 Not Applicable

5. Certificate of Status Desired

01062006

\$8.75 Additional Fee Required

CR2E034 (11/05)

56-338-0037

6. Name and Address of Current Registered Agent

PEARCE, ROBERT W 1499 W PALMETTO PARK ROAD BOCA RATON, FL 33486

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

No Chg-P

| <ol> <li>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.</li> </ol>   |   |  |                 |                                |  |  |  |  |
|--|---|--|-----------------|--------------------------------|--|--|--|--|
| SIGNATURE.   | Signature, typed or printed name of registered agent and title              | if applicable (NOTE, Registered                      | Agent signature | required when reinstating)     | CATE   |  |  |  |
|  | E NOW!!! FEE IS \$150.00<br>ay 1, 2006 Fee will be \$550.00                 | Election Campaign Finan     Trust Fund Contribution. | cing            | \$5.00 May Be<br>Added to Fees |  |  |  |  |
| 10.  | OFFICERS AND DIREC  | CTORS  |                 |                                |  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>PEARCE, ROBERT W<br>1499 W PALMETTO PARK BLVD<br>BOCA RATON, FL 33486 |  |                 |                                | נאלע או          |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   |  |                 |                                | 1100000395172<br>01726706-80039-021 150, <b>00</b> ° |  |  |  |
| TITLE<br>NAME<br>STREET ADORESS<br>CITY-ST-ZIP   |   |  |                 | DO                             | NOT WRITE  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   |  |                 | IN <sup>-</sup>                | THIS SPACE   |  |  |  |
| TITLE<br>Name<br>Street address<br>City-St-Zip   |   |  |                 |                                |  |  |  |  |
| TITLE<br>Name<br>Street address<br>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. |   |  |                 |                                |  |  |  |  |