## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE

## Apr 14, 2006 08:00 AN Secretary of State DOCUMENT # S04889 1. Entity Name CAREY M. FISCHER, P.A. Principal Place of Business Mailing Address 800 SE 3RD AVE 800 SE 3RD AVE SUITE 400 SUITE 400 FT LAUDERDALE, FL 33316 FT LAUDERDALE, FL 33316 04102006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0221722 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent FISCHER, CAREY M DO NOT WRITE 800 SE 3RD AVE SUITE 400 FT LAUDERDALE, FL 33316 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 if applicable, (NOTE: Registered Agent signature required when renatisting) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE U00000510331^M NAME FISCHER, CAREY M 04/29/06-80002-013 150.00^M STREET ADDRESS 800 SE 3RD AVE STE 400 CITY-ST-ZIP FORT LAUDERDALE, FL 33318 TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZP IN THIS SPACE TITLE NAME STREET ADDRESS CHY-ST-ZP TITLE NAME STREET ADDRESS CCY-ST-7P MLE NAME STREET ADORESS CITY-51-77P 12. I hereby certify that the information supplied with this filling 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 of 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.

AND TYPED OR PRINCED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

954-524-3563

Daytime Phone (