2006 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Feb 01, 2006 08:00 AM **DOCUMENT # S25388 Secretary of State** 1. Entity Name VOIGT & VOIGT, P.A. Principal Place of Business Mailing Address 2042 BEE RIDGE RD 2042 BEE RIDGE RD SARASOTA, FL 34239 SARASOTA, FL 34239 US CR2E034 (11/05) 01032006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0236486 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent VOIGT VOIGHT, STEPHEN F SR DO NOT WRITE 2042 BEE RIDGE ROAD SARASOTA, FL 34239 IN THIS SPACE 3. 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 it applicable. (NOTE: Registered Agent signature required when reinstating) 800863413473 12/10/06-80031-005 150.00 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE VOIGT, STEPHEN F. NAME STREET ADDRESS 2042 BEE RIDGE ROAD CITY-ST-ZIP SARASOTA, FL 34239 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY -ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY -ST-ZIP TITLE

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 direction of the corporation or the receiver or flustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS City-St-Zip

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR