2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2006
Secretary of State

DOCUMENT# S45740

Entity Name: GELFAND & ARPE, P.A.

Current Principal Place of Business:

REGIONS FINANCIAL TOWER
1555 PALM BEACH LAKES BLVD., SUITE1220
W PALM BEACH, FL 33401 US

New Principal Place of Business:

REGIONS FINANCIAL TOWER
1555 PALM BEACH LAKES BLVD., SUITE1220
WEST PALM BEACH, FL 33401 US

Current Mailing Address:

REGIONS FINANCIAL TOWER
1555 PALM BEACH LAKES BLVD., STE. 1220
W PALM BEACH, FL 33401 US

New Mailing Address:

REGIONS FINANCIAL TOWER
1555 PALM BEACH LAKES BLVD., STE. 1220
WEST PALM BEACH, FL 33401 US

FEI Number: 65-0257040 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GELFAND, MICHAEL J PRES.
1555 PALM BEACH LAKES BLVD
SUITE 1220
WEST PALM BCH, FL 33401 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: GELFAND, MICHAEL J
Address: 1555 PALM BEACH LAKES BLVD., #1220
City-St-Zip: W PALM BEACH, FL 33401 US

Title: DVST ( ) Delete
Name: ARPE, MARY C
Address: 1555 PALM BEACH LAKES BLVD., #1220
City-St-Zip: WEST PALM BCH, FL 33401 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL J. GELFAND DP 01/05/2006

Electronic Signature of Signing Officer or Director — Date