## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S89459

FILED Apr 07, 2006 Secretary of State

Entity Name: LABOVICK LABOVICK & WALD, P.A.

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
35 MILITA 02	ARY TRAIL			
	FL 33458	US		
Current Mailing Address:		New Mailing Address	New Mailing Address:	
935 MILITA 102	ARY TRAIL			
	FL 33458	US		
El Number	: 65-0296629	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and Address of Current Registered Agent:		Name and Address o	Name and Address of New Registered Agent:	
.ABOVIC	K, BRIAN F			
35 MILITA	ARY TRAIL			
35 MILITA 02	ARY TRAIL FL 33458 L	JS		
35 MILITA 02 IUPITER, The above	FL 33458 U		purpose of changing its registered	d office or registered agent, or both,
35 MILITA 02 IUPITER, The above	FL 33458 Le named entite of Florida.		purpose of changing its registered	d office or registered agent, or both,
35 MILITA 02 IUPITER, The above n the State	FL 33458 Le named entite of Florida.			d office or registered agent, or both,  Date
035 MILITA 02 IUPITER, The above In the State	FL 33458 Le named entife of Florida.  RE: Electr	ty submits this statement for the		
035 MILITA 02 IUPITER, The above In the State BIGNATUI	FL 33458 Le named entife of Florida.  RE: Electr	ty submits this statement for the ronic Signature of Registered Ageing Trust Fund Contribution ( ).	ent	
035 MILITA 02 IUPITER, The above In the State BIGNATUI	FL 33458 Le named entite of Florida.  RE:Electrompaign Finance  S AND DIRE	ty submits this statement for the ronic Signature of Registered Ageing Trust Fund Contribution ( ).  ECTORS:  ( ) Delete BRIAN F RY TRAIL	ent  ADDITIONS/CHANGE	Date

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: ESTHER U LABOVICK VP 04/07/2006