


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # S91170 1. Entity Name HANSON, PERRY & JENSEN, P.A.		
Principal Place of Business 400 EXECUTIVE CENTER DRIVE SUITE 207 WEST PALM BEACH, FL 33401	Mailing Address 400 EXECUTIVE CENTER DRIVE SUITE 207 WEST PALM BEACH, FL 33401	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent JENSEN, BONNI S 400 EXECUTIVE CENTER DRIVE SUITE 207 WEST PALM BEACH, FL 33401		DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HANSON, MARY JILL 301 OCEAN BLUFFS BLVD. JUPITER, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PERRY, ANN H. 1621 N.W. 10TH STREET BOCA RATON, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JENSEN, BONNI SPATARA 91 WEST PLUMOSA LANE LAKE WORTH, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS 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.		
SIGNATURE: <i>x [Signature] Ann H Perry</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<i>x 4/20/06 x (561) 686-6550</i> <small>Date Daytime Phone #</small>



02092006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0294597	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

U000000528020
05/05/06-80020-007 150.00

**DO NOT WRITE
IN THIS SPACE**