2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR) ---

SIGNATURE:

Jan 31, 2006 08:00 AM DOCUMENT # 594395 **Secretary of State** 1. Entity Name GEORGE R. SCIARRINO, P.A. Principal Place of Business Mailing Address 1555 PALM BEACH LAKES BLVD #404 WEST PALM BEACH FL 33401 1555 PALM BEACH LAKES BLVD #404 WEST PALM BEACH FL 33401 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 65-0299712 Not Applice? Ζip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SCIARRINO, GEORGE R Street Address (P.O. Box Number is Not Acceptable) 1555 PALM BEACH LAKES BLVD S404 WEST PALM BEACH FL 33401 City Zip Code 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 accethe obligations of registered agent. Signature, typed or printed trame of repletered agent and rule if applicable DATE (NOTE: Registered Agent signature required when reinstation) FILE NOW!!! FEE JS \$150.00 \$5.00 May: 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. D Octob TATLE THLE Change U000000410947 NAME SCIARRINO, GEORGE R NAME <u>02/09/06-80056-010 150.00</u> STREET ADDRESS STREET ADDRESS 1555 PALM BCH LKS BLVD CITY-SY-7/9 CHTY-ST-ZIP WEST PALM BEACH FL TITLE ☐ Defete ∏ A∷ TITLE Change NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-210 CHY-ST-ZaP HILE ☐ Delete Change ☐ Aren TITLE NAME NAME STREET ADDRESS STREET AODRESS CCCY-St-7IP CITY-ST-ZIP Defete TITE TITLE Change 1 to 10 NAME MANIE STREET ADDRESS STREET ADDRESS CITY-SY-ZIP CITY-ST-ZIP ☐ Dolete TITLE TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS C/TY-S1-2/P CHY-ST-ZP HILE ☐ Delete TITLE Change ■ \square mNAME NAMi STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this Ming does not qualify for the exemptions contained in Section 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 direct of the corporation or the receives or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block if changed, or on an attachment with an address, with all other like empowered.

FILED

George R. Scianniso, President 561-693-1