
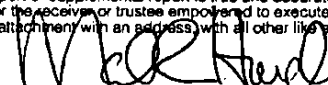


**FILED**  
**Jun 29, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90273 012 \*\*\*150.00

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # V16114</b>		
1. Entity Name HOUCK ANDERSON P.A.		
Principal Place of Business 200 SOUTH BISCAYNE BLVD. SUITE 300 MIAMI, FL 33131 US		Mailing Address 200 SOUTH BISCAYNE BLVD. SUITE 300 MIAMI, FL 33131 US
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND BLVD. PLANTATION, FL 33324		<b>DO NOT WRITE IN THIS SPACE</b>
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>		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTO PTD HOUCK, MARK R 6180 NW 122ND TERRACE 7656 OLD THYME CT CORAL SPRINGS, FL 33076 PARKLAND FL 33076	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ANDERSON, ANDREW W. 7661 OLD THYME CT PARKLAND, FL 33076	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: 		4/28/06 305 372 9044 <small>Date Daytime Phone #</small>