2006 FOR PROFIT CORPORATION

FILED Iul 10, 2006, 08:00 AM ate

ANNUAL REPORT					Jul 10, 2000 08:00		
DOCUMENT # \ 1. Entity Name					Sec	retary of Sta	
MICHAEL BARNETT,	P.A.						
Principal Place of Business 506 N ARMENIA AVENUE TAMPA, FL 33609-173 US	ı	Mailing Address 506 N ARMENIA AVENUE TAMPA, FL 33609-173 US					
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DO NOT	WRITE I	N THIS SPA	CE	07052006 4. FEI Numb 59-312	er	2E034 (11/05) Applied For Not Applicable	
•	•	ŧ		5. Certificate	of Status Desired	\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent							
BARNETT, MICHAEL R. 506 N ARMENIA AVENUE TAMPA, FL 33609-1703				•	NOT WRI		
The above named entity sub the obligations of registered		purpose of changing its register	L ed office or reg	istered agent, or bo	oth, in the State of Florida. I	am familiar with, and accept	
SIGNATURE	ed name of registered agent and Is	ie fapplicable (NOTE Regisiere	od Ågent signature re	quired when reinstating)	עם	ATE	
		Election Campaign Final Trust Fund Contribution.			In accordance with s. corporation did not re	607.193(2)(b), F.S., the ceive the prior notice.	
10.	OFFICERS AND DIR	ECTORS	-		· ,		
NAME BARNETT, MI STREET ADDRESS 506 N ARMEN	IA AVENUE			я			
CITY-ST-ZIP TAMPA, FL 3: TITLE NAME STREET ADDRESS CITY-ST-ZIP	36U917U3		1 · · · · · · · · · · · · · · · · · · ·		000000568 07/10/06-800	644 01-024 150.00	
TITLE NAME STREET ADDRESS CITY-SI-ZIP					NOT WRI	,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPAC	CE	
TITLE NAME STREET ADDRESS CITY_ST_7IP							

12. Thereby 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 series 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 a long like empowered.

TITLE NAME STREET ADDRESS CITY-ST-ZIP

7-5-06

8803933100

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

Daytime Phone €