

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # V47435</b>		
1. Entity Name <b>DAVID S. TUPLER, P.A.</b>		
Principal Place of Business <b>6950 CYPRESS RD SUITE 101 PLANTATION, FL 33317</b>		Mailing Address <b>6950 CYPRESS RD SUITE 101 PLANTATION, FL 33317</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
		03102006 No Chg-P CR2E034 (11/05)
4. FEI Number <b>65-0344110</b>		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent		
<b>TUPLER, DAVID S. 6950 CYPRESS RD SUITE 101 PLANTATION, FL 33317</b>		<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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 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
		<b>U000000512623 04/29/06-80092-009 150.00</b>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TUPLER, DAVID S 6950 CYPRESS RD #101 PLANTATION, FL	
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<b>DO NOT WRITE IN THIS SPACE</b>		
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 other attachment with an address, with all other like empowered.		
SIGNATURE: <i>David Tupler</i>		<b>4/15/06 954 792-5400</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone if