

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90226 029 ***150.00

DOCUMENT # V47711 1. Entity Name MARY ANNE PHILIPS, P.A.					
Principal Place of Business MARY ANNE PHILIPS 1721 SOUTHEAST 4TH AVE FORT LAUDERDALE, FL 33316 US			Mailing Address 7759 FORESTAY DR. LAKE WORTH, FL 33467-7819 US		
2. Principal Place of Business 8551 W. SUNRISE BLVD.		3. Mailing Address Suite, Apt. #, etc. SUITE 209			
City & State PLANTATION, FL		City & State City & State		4. FEI Number 65-0339209	
Zip 33322		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PHILIPS, MARY ANNE 1721 SOUTHEAST 4TH AVE FORT LAUDERDALE, FL 33316			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8551 W. SUNRISE BLVD. City PLANTATION FL Zip Code 33322		
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  DATE 1-13-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PHILIPS, MARY ANNE P.A. 1721 SOUTHEAST 4TH AVE FORT LAUDERDALE, FL 33316 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8551 W. SUNRISE BLVD., SUITE 209 PLANTATION, FL 33322	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  DATE 1-13-06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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