## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 20, 2006 08:00 AM Secretary of State

| 1. Entity Nam  | MENT # F60160<br>BIN, C.P.A., P.A.   |   |   |   | Secre  | etary of   | State   |
|--|--|---|---|---|--|--|---|
| 9600 W SAN<br>STE 501  | e of Business<br>IPLE ROAD<br>NGS, FL 33065  | Mailing Address<br>PO BOX 8847<br>CORAL SPRINGS, FL 33075   |   | }<br>}  | # 81111 ##81 1 #118 #118 #   | מונה מעום מעום מעום מעום                                       | Ribli Bibliodi (C. C.)  |
| C  | O NOT WRITE  | CE  | 01142006<br>4. FEI Numb<br>59-214                                 |   | CR2E034 (1   |  |   |
| STE 501  | 6. Name and Address of Current Re<br>IAY<br>AMPLE ROAD<br>PRINGS, FL 33065   | DO NOT WRITE<br>IN THIS SPACE   |   |   |  |  |   |
| 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 abligations of registered agent.  Signature Typed or printed name of registered agent and title if applicable.  [NOTE Registered Agent signature required when reinstating)  DATE |  |   |   |   |  |  |   |
| FIL<br>After M   | E NOW!!! FEE IS \$150.00<br>ay 1, 2006 Fee will be \$550.00  | ncing \$5.  | .DO May Be<br>led to Fees   |   |  |  |   |
| TITLE NAME STREET ADDRESS GITY-ST-ZIP  | DP<br>SERBIN, JAY<br>9600 W SAMPLE ROAD STE 501<br>CORAL SPRINGS, FL 33065   | RECTORS   |   |   |  | _  |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  |   | · 7 =   |   | 01/24/06 <u>-</u>  | 391889<br>8 <u>0</u> 080-004                                   | 150.00  |
| ITTLE<br>NAME<br>STREET ACCRESS<br>CITY-ST-ZIP   |  |   | ]   | _DO   | NOT W  | RITE   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |   | ***************************************                           | IN .  | THIS SF  | PACE   | ·   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  |   |   |   | . The state of the | . ***  |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | ·  |   |   |   |  |  | -   |
| 12. I hereby indicated of the coronaged  | certify that the information supplied with that on this report or supplemental report is troporation or the receiver or trustee empower, or on an attachment with an address, with | is filling does not qualify for the exue and accurate and that my signe ered to execute this report as required to execute this report as required and the risks empowered. | emptions contained<br>sture shall have the<br>lired by Chapter 60 | d in Chapter 11:<br>same legal effe<br>7, Florida Statuti | 9, Florida Statutes. I<br>ct as it made under d<br>es; and that my name  | further certify the<br>path; that I am an<br>e appears in Bloo | at the information<br>officer or director<br>ok 10 or Block 11 if |

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR