


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 20, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # J41467**

1. Entity Name  
**2065 N.E. 151ST STREET CORPORATION**



|   |   |
|---|---|
| Principal Place of Business<br>% HOWARD SKLAR<br>P.O. BOX 280<br>FLAGLER BEACH FL 32136<br>US | Mailing Address<br>% HOWARD SKLAR<br>P.O. BOX 280<br>FLAGLER BEACH FL 32136<br>US |
|---|---|



|  |                     |
|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address  |
| Suite, Apt. #, etc.                            | Suite, Apt. #, etc. |

1st MOORE CR2E034 (10/06)

|              |              |               |                 |                |
|--------------|--------------|---------------|-----------------|----------------|
| City & State | City & State | 4. FEI Number | NO-T APPLICABLE | Applied For    |
| Zip          | Country      | Zip           | Country         | Not Applicable |

|                                  |                          |                                |
|----------------------------------|--------------------------|--------------------------------|
| 5. Certificate of Status Desired | <input type="checkbox"/> | \$8.75 Additional Fee Required |
|----------------------------------|--------------------------|--------------------------------|

**6. Name and Address of Current Registered Agent**

**SKLAR, HOWARD**  
**3231 N OCEANSHORE BLVD.**  
**FLAGLER BEACH FL 32136**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City **FL** Zip Code \_\_\_\_\_

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

| TITLE | NAME          | STREET ADDRESS          | CITY-ST-ZIP            | <input type="checkbox"/> Delete |
|-------|---------------|-------------------------|------------------------|---------------------------------|
| P     | SKLAR, HOWARD | 3231 N OCEANSHORE BLVD. | FLAGLER BEACH FL 32136 | <input type="checkbox"/>        |
|       |               |                         |                        | <input type="checkbox"/>        |
|       |               |                         |                        | <input type="checkbox"/>        |
|       |               |                         |                        | <input type="checkbox"/>        |
|       |               |                         |                        | <input type="checkbox"/>        |
|       |               |                         |                        | <input type="checkbox"/>        |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |

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 05/01/07-80103-007 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Howard Sklar **HOWARD SKLAR** **4-17-07** **38**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime