2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

	•						H V V.	1 1216	ııı
DOCUMENT # L16616 1. Entity Name WOLFSON & ASSOCIATES, P.A., CERTIFIED PUBLIC ACCOUNTANTS					01-17-2006 90263 024 ***150.00				
Principal Plac	e of Business	Mailing Address							
2801 N UNI\	/ERSITY DR	2801 N UNIVERSITY D	R		J.	MAAAA	777		
STE 306 CORAL SPRINGS, FL 33065 US		STE 306 Coral Springs, FL 3	3065 US		4	0002	1 1 1		
COICHE 31 IVII	103,12 33003 03	0010AC 31 1011403, 1 C 3							
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01102006	Chg-P	CR2E03	34 (11/05)	
City & State		City & State			4. FEI Numbe 65-0151			→	plied For at Applicable
Zip	Country	Zip	Country		5. Certificate	of Status Desired		88.75 Add	
	C. Name and Address of Current	Registered Agent	<u> </u>		7. Name and	Address of New			
			Nam	е					
	RA NIVERSITY DR		Stree	t Address (P.O. Box Numbe	r is Not Acceptab	ole)		
STE 306 CORAL SPRINGS, FL 33065						-			
001012 01	TRITOO, 1 E 00000		City				FL	Zip Cod	e
8. The above	named entity submits this statement fo	r the purpose of changing its	registered offic	e or registe	red agent, or both	n, in the State of F		amiliar with,	and accept
	ions of registered agent.		Ü	_	•				
SIGNATURE.									
	Signature, typed or printed name of registered agent	and little if applicable. (NOT	E: Registered Agent si	gnature required	i when reinstating)		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0	9. Election Campa Trust Fund Con			.00 May Be led to Fees				
10, OFFICERS AND DIF		DIRECTORS	11.	•	ADDITIONS/	CHANGES TO OF	FICERS AND	DIRECTOR	S IN 11
TITLE	PSD	☐ Delete	TITLE		•			Change	☐ Addition
NAME	MARK WOLFSON	_	NAME						
STREET ADDRESS CITY-ST-ZIP	2801 N UNIVERSITY DR STE 30 CORAL SPRINGS, FL 33065	6	STREET ADDRE	SS					
TITLE	VPTD	□ Delete	TITLE					☐ Change	☐ Addition
NAME	KILTOK, IRA	L_ Delete	NAME					Change	☐ Addition
STREET ADDRESS	2801 N UNIVERSITY DR STE 30	6	STREET ADDRE	ss					
CITY-ST-ZIP	CORAL SPRINGS, FL 33065		CITY-ST-ZIP						
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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 reported 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 it changed, or on an attachment with an address, with all their like impowered.

CITY-ST-ZIP

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/06 954-475-8672

Daytime Phone #