

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M94104

FILED  
Mar 16, 2006  
Secretary of State

Entity Name: JEWELCOR CONSULTING, INC.

**Current Principal Place of Business:**

249 ROYAL PALM WAY  
STE. 303J  
PALM BEACH, FL 33480

**New Principal Place of Business:**

**Current Mailing Address:**

100 NORTH WILKES BARRE BLVD  
4TH FLOOR  
WILKES BARRE, PA 18702

**New Mailing Address:**

FEI Number: 65-0066511      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HOLTZMAN, SEYMOUR,  
Address: 100 NORTH WILKES BARRE BLVD  
City-St-Zip: WILKES BARRE, PA

Title: DS ( ) Delete  
Name: SCIANDRA, MARIA  
Address: 100 N. WILKES-BARRE BLVD  
City-St-Zip: WILKES BARRE, PA

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA SCIANDRA

DS

03/16/2006

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date