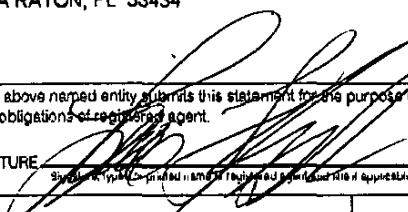


FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90202 003 ***150.00

**2006 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P03000099984 1. Entity Name FLEISSLER FAMILY CORPORATION		
Principal Place of Business 7517 MAHOGANY BEND PLACE BOCA RATON, FL 33434		Mailing Address 7517 MAHOGANY BEND PLACE BOCA RATON, FL 33434
2. Principal Place of Business 282 FAN PALM ROAD <small>State, Apt. #, etc.</small>		3. Mailing Address 282 FAN PALM ROAD <small>State, Apt. #, etc.</small>
City & State BOCA RATON FL		City & State BOCA RATON FL
Zip 33432	Country PALM BEACH	Zip 33432
4. FEI Number 42-1606074		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent FLEISSLER, LORRENCE 7517 MAHOGANY BEND PLACE BOCA RATON, FL 33434		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 282 FAN PALM ROAD City BOCA RATON FL Zip Code 33432
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 		LORRENCE FLEISSLER PRES <i>7/24/06</i> <small>(If Registered Agent Signature Required when Remaining)</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 D P	NAME FLEISSLER, LORRENCE	<input type="checkbox"/> Delete
STREET ADDRESS 7517 MAHOGANY BEND PLACE	CITY-ST-ZIP BOCA RATON, FL 33434	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	NAME FLEISSLER, ALBERTA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 7517 MAHOGANY BEND PLACE	CITY-ST-ZIP BOCA RATON, FL 33434	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE 	NAME 	<input type="checkbox"/> Delete
STREET ADDRESS 	CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE 	NAME 	<input type="checkbox"/> Delete
STREET ADDRESS 	CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE 	NAME 	<input type="checkbox"/> Delete
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, trustee empowered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment to an address, with all other fees empowered.		
SIGNATURE: 		LORRENCE FLEISSLER <i>7/24/06</i> <small>Date</small>

40067225



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