


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000165010
 1. Entity Name
PENINSULA II DEVELOPERS, INC.



Principal Place of Business Mailing Address
321 E HILLSBORO BLVD **321 E HILLSBORO BLVD**
DEERFIELD BEACH, FL 33441 **DEERFIELD BEACH, FL 33441**



02232006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
20-0391058 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
STOTZER, THEODORE R
321 E HILLSBORO BLVD
DEERFIELD BEACH, FL 33441

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when re-filing)

FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00 May Be**
After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. **Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	STREET, BRIAN
STREET ADDRESS	321 E HILLSBORO BLVD
CITY - ST - ZIP	DEERFIELD BEACH, FL 33441
TITLE	D
NAME	COHEN, JIM
STREET ADDRESS	321 E HILLSBORO BLVD
CITY - ST - ZIP	DEERFIELD BEACH, FL 33441
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 03/24/06-80014-017 158.75

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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 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 or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR