2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000084706

FILED Apr 19, 2006 Secretary of State

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Entity Nar	me: CORNW	ALL PROPERTIES, INC.					
Current P	rincipal Plac	e of Business:	New Princ	New Principal Place of Business:			
	LBORO BLVI .D BEACH, FI						
Current Mailing Address:			New Mailing Address:				
	LBORO BLVI .D BEACH, FI						
FEI Number:	: 59-3411916	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Desired	()	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:			
1201 EAST	RGY, ALEXAN T HILLSBORC .D BEACH, FI	BLVD.	1201 EAST	ROSEMURGY, KIMBERLY A 1201 EAST HILLSBORO BLVD. DEERFIELD BEACH, FL 33441 US			
The above in the State	named entity e of Florida.	submits this statement for the p	urpose of changing i	ts registered	office or registered agent, o	r both,	
SIGNATUR	RE: KIMBER	LY A ROSEMURGY		04/19/2006			
	Electro	nic Signature of Registered Age	nt		Date		
Election Car	npaign Financir	ng Trust Fund Contribution ().					
OFFICERS	S AND DIREC	CTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	VP (ROSEMURGY 1600 ROYAL I BOCA RATON	PALM WAY	Title: Name: Address: City-St-Zip:	() Change ()Addition		
Title: Name: Address: City-St-Zip:	S (ROSEMURGY 1600 ROYAL I BOCA RATON	PALM WAY	Title: Name: Address: City-St-Zip:	ROSEMURGY 1201 E HILLS	X) Change()Addition Y, ALEXANDER S II SBORO BLVD BEACH, FL 33441		
Title: Name: Address: City-St-Zip:	ROSEMURGY 1201 E. HILLS	•	Title: Name: Address: City-St-Zip:	() Change ()Addition		
Title:	D ()	() Delete	Title:	() Change () Addition		

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.

Name:

Address:

City-St-Zip:

SIGNATURE: KIMBERLY ROSEMURGY RA 04/19/2006

ROSEMURGY, ALEXANDER S II

DEERFIELD BEACH, FL 33441

1201 E. HILLSBORO BLVD.

Name:

Address:

City-St-Zip: