


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90108 025 ***150.00

DOCUMENT # P98000042553

1. Entity Name
 DAVID STEWART, INC.



Principal Place of Business *821*
 (321) CYPRESS BOULEVARD
 # 510
 POMPANO BEACH, FL 33069

Mailing Address
 (321) CYPRESS BOULEVARD
 # 510
 POMPANO BEACH, FL 33069

2. Principal Place of Business
821 Cypress Boulevard
 Suite, Apt., etc.
 # 510

3. Mailing Address
821 Cypress Boulevard
 Suite, Apt., etc.
 # 510

City & State
Pompano Beach, FL

City & State
Pompano Beach, FL

Zip
33069

Country
USA



02172006 Chg-P CRZE034 (11/05)

4. FEI Number
 65-0834492

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

DALEY, STACIE K ESQ
 50 NE 26TH AVENUE
 STE 204
 POMPANO BEACH, FL 33069

*6555 N. POWERLINE ROAD
 STE 408
 FORT LAUDERDALE
 FL 33309*

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
~~6555 N. POWERLINE ROAD~~

~~Suite 408~~

City *FORT LAUDERDALE* FL Zip Code *33309*

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 reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD ZUCKERMAN, STEWART D 821 CYPRESS BOULEVARD, # 510 POMPANO BEACH, FL 33069	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD ZUCKERMAN, PAT B 821 CYPRESS BOULEVARD, # 510 POMPANO BEACH, FL 33069	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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: *Stewart D Zuckerman* *3/24/06* *(954) 993-4161*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #