


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2006 8:00 am
Secretary of State

07-07-2006 90001 018 ***150.00

DOCUMENT # P98000064738

1. Entity Name
 720 CORP.



Principal Place of Business
 50 CENTRAL AVE
 UNIT 178
 SARASOTA, FL 34236

Mailing Address
 P.O. BOX 49586
 SARASOTA, FL 34230

50021733



2. Principal Place of Business
 50 Central Ave.
 Suite, Apt. #, etc.
 Unit 1702
 City & State
 Sarasota Florida
 Zip
 34236
 Country
 USA.

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip
 Country

05042006 Chg-P CR2E034 (11/05)

4. FEI Number
 65-0867468

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 KAPLAN, MARVIN
 50 CENTRAL AVE
 UNIT 178
 SARASOTA, FL 34236

7. Name and Address of New Registered Agent
 Name
 Marvin Kaplan
 Street Address (P.O. Box Number is Not Acceptable)
 50 Central Ave.
 Unit 1702
 City
 Sarasota FL Zip Code
 34236

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: [Signature] (NOTE: Registered Agent signature required when reinstating)

DATE: 6/5/06

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KAPLAN, MARVIN P.O. BOX 49586 SARASOTA, FL 34230 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 6/5/06 DAYTIME PHONE #: 941-589-9000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR