


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90106 011 ***150.00

DOCUMENT # 285196
 1. Entity Name
 2460 CORPORATION



Principal Place of Business Mailing Address
 2460 SOUTH FEDERAL HIGHWAY 2460 SOUTH FEDERAL HIGHWAY
 BOYNTON BEACH FL 33435 BOYNTON BEACH FL 33435



2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State City & State

4. FEI Number 59-1387070 Applied For Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
 HOULIHAN, MARYANN
 2460 S FED HWY
 APT 8
 BOYNTON BEACH FL 33435

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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-registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
T O'DONNELL, JAMES 2460 S. FEDERAL HWY., #17 BOYNTON BCH FL	<input type="checkbox"/> Delete
P TACELLI, RICHARD 2460 S. FEDERAL HWY., #20 BOYNTON BCH FL	<input type="checkbox"/> Delete
D KORNMEYER, HAROLD 2460 S FED HWY #6 BOYNTON BEACH FL 33435	<input type="checkbox"/> Delete
1VP HOULIHAN, JAMES 2460 S FEDERAL HWY #8 BOYNTON BEACH FL 33435	<input type="checkbox"/> Delete
SC CAREHIDI, THERESA 2460 S FEDERAL HWY #18 BOYNTON BEACH FL 33435	<input checked="" type="checkbox"/> Delete
S HOULIHAN, MARYANN 2460 S. FEDERAL HWY #8 BOYNTON BCH FL 33435	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D Ventre, Al 2460 S. Federal Hwy. #19 Boynton Beach, FL 33435	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME 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 Section 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: Maryann Houlihan 2/27/06 561-734-6340
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #