

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 29, 2006 8:00 am**  
**Secretary of State**

06-29-2006 90002 016 \*\*\*150.00

40097484



04132006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # P05000014284</b> 1. Entity Name <b>JAMES KOPPER COMPANY</b>					
Principal Place of Business <b>4190 MANCHESTER LAKE DRIVE LAKE WORTH, FL 33467</b>			Mailing Address <b>4190 MANCHESTER LAKE DRIVE LAKE WORTH, FL 33467</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b>  <b>KOPPER, JAMES 4190 MANCHESTER LAKE DRIVE LAKE WORTH, FL 33467</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City		
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: <u>JAMES KOPPER</u> <i>James Kopper</i> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KOPPER, JAMES 4190 MANCHESTER LAKE DRIVE LAKE WORTH, FL 33467	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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: <u>JAMES KOPPER</u> <i>James Kopper</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		
Date			Daytime Phone #		

ATTACHMENT 40097484

#P05000014284

To Whom It May Concern — 6/26/06

The attached form, which was  
part of a package forwarded to me  
by my accountant, was overlooked  
while I was studying other various  
income tax forms — my apology  
for the delay —

Jim Kopper

From the Desk of

Jim Kopper

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