


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 286125**  
 1. Entity Name  
**2520 CORPORATION**



Principal Place of Business <b>2520 S. FEDERAL HWY. BOYNTON BCH. FL 33435-7735</b>	Mailing Address <b>2520 S. FEDERAL HWY BOYNTON BEACH FL 33435-7760</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.	4. FEI Number <b>59-2394054</b>	Applied For <input type="checkbox"/> Not Applied
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/05)

**6. Name and Address of Current Registered Agent**  
**FLANAGAN, JOHN**  
**2520 S. FEDERAL HWY**  
**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 JOHN FLANAGAN [Signature] 3/14/06  
Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when re-stating) DATE

**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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD	FLANAGAN, JOHN 2520 S FEDERAL HWY BOYNTON BCH. FL 33435	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000468606 03/24/06-80037-022 150.00	
TITLE D	D'AQUILA, ANNE 2520 S. FEDERAL HWY BOYNTON BCH FL 33435	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Add
TITLE SO	DEMARS, DOLORES 2520 SO FEDERAL HWY BOYNTON BCH FL 33435	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Add
TITLE VPD	BELL, LOIS 2520 S. FEDERAL HWY BOYNTON BCH FL 33435	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Add
TITLE ASD	WALL, ANN 2520 SO FEDERAL HWY BOYNTON BCH FL 33435	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Add
TITLE TD	CHANFER, ANN MARIE 2520 S. FEDERAL HWY #12A BOYNTON BEACH FL 33435	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Add

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: ANN MARIE CHANFER [Signature] TREAS 3/14/06 561-733-3996