

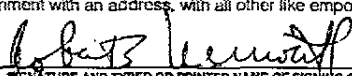
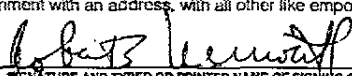
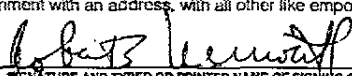


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2006 08:00 A
Secretary of State

DOCUMENT # 286985 <small>Entity Name</small> MAXWORTH INC											
<small>Principal Place of Business</small> 3013 VILLA ROSA PARK TAMPA, FL 33611 US		<small>Mailing Address</small> 400 GLOUCESTER ST ENGLEWOOD, NJ 07631 US									
											
		01042006 No Chg-P CR2E034 (11/05)									
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 2px;"> 4. FEI Number 59-1088343 </td> <td style="width: 20%; padding: 2px;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;"><small>Applied For</small></td> </tr> <tr> <td style="padding: 2px;"><small>Not Applicable</small></td> </tr> </table> </td> </tr> </table>		4. FEI Number 59-1088343	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;"><small>Applied For</small></td> </tr> <tr> <td style="padding: 2px;"><small>Not Applicable</small></td> </tr> </table>	<small>Applied For</small>	<small>Not Applicable</small>				
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<small>Applied For</small>											
<small>Not Applicable</small>											
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required									
6. Name and Address of Current Registered Agent											
JOHN PUFFER 3013 VILLA ROSA PARK TAMPA, FL 33611											
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.											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 40%;"><small>SIGNATURE</small></td> <td style="width: 40%;"><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small></td> <td style="width: 20%;"><small>DATE</small></td> </tr> </table>				<small>SIGNATURE</small>	<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	<small>DATE</small>					
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees									
10. OFFICERS AND DIRECTORS											
<small>TITLE</small>	P	000000379257 01/10/06-80016-003 150.00									
<small>NAME</small>	NEUWIRTH, ROBERT S										
<small>STREET ADDRESS</small>	400 GLOUCESTER ST										
<small>CITY-ST-ZIP</small>	ENGLEWOOD, NJ.,										
<small>TITLE</small>	S										
<small>NAME</small>	NEUWIRTH, LAURA										
<small>STREET ADDRESS</small>	226 W. 58TH ST.										
<small>CITY-ST-ZIP</small>	NEW YORK, NY										
<small>TITLE</small>	T										
<small>NAME</small>	NEUWIRTH, JESSICA										
<small>STREET ADDRESS</small>	226 W 58TH ST										
<small>CITY-ST-ZIP</small>	NEW YORK, NY										
<small>TITLE</small>											
<small>NAME</small>											
<small>STREET ADDRESS</small>											
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<small>TITLE</small>											
<small>NAME</small>											
<small>STREET ADDRESS</small>											
<small>CITY-ST-ZIP</small>											
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.											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%; padding: 5px;">SIGNATURE:</td> <td style="width: 40%; padding: 5px;">  </td> <td style="width: 20%; padding: 5px;"> Robert S. NEUWIRTH 1/5/06 </td> <td style="width: 20%; padding: 5px;"> 201-571-9507 </td> </tr> <tr> <td></td> <td style="text-align: center; padding: 2px;"><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small></td> <td style="text-align: center; padding: 2px;"><small>Date</small></td> <td style="text-align: center; padding: 2px;"><small>Daytime Phone #</small></td> </tr> </table>				SIGNATURE:		Robert S. NEUWIRTH 1/5/06	201-571-9507		<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>
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