

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90040 040 \*\*\*150.00

**60008035**



01252006 Chg-P CR2E034 (11/05)

4. FEI Number **59-1204289** Applied For ☐ Not Applicable

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

## 6. Name and Address of Current Registered Agent

**DIANE L. MOSER**  
**4900 US 1 NORTH**  
**STE 100**  
**SAINT AUGUSTINE, FL 32095**

## 7. Name and Address of New Registered Agent

Name **Richard H. Breslow**  
Street Address (P.O. Box Number is Not Acceptable) **2255 Glades Rd. Suite 321A**  
City **Boca Raton** FL Zip Code **33431**

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.

**Richard H. Breslow January 17, 2006**

SIGNATURE *[Signature]*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

## 10. OFFICERS AND DIRECTORS

TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	MOSER, DIANE	
STREET ADDRESS	6549 NASSAU STREET	
CITY-ST-ZIP	ST AUGUSTINE, FL 32080	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SLINGLUFF, MICHAEL	
STREET ADDRESS	160 OCEAN LANE	
CITY-ST-ZIP	ST AUGUSTINE, FL 32080	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Martin F. Greenberg	
STREET ADDRESS	2255 Glades Rd. Suite 321A	
CITY-ST-ZIP	Boca Raton, Florida 33431	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mark Wantshouse	
STREET ADDRESS	2255 Glades Rd. Suite 321A	
CITY-ST-ZIP	Boca Raton, Florida 33431	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael Slingluff	
STREET ADDRESS	4900 U.S. 1 North suite 100	
CITY-ST-ZIP	St. Augustine, Florida 32095	
TITLE	CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael Faren	
STREET ADDRESS	2255 Glades Rd. Suite 321A	
CITY-ST-ZIP	Boca Raton, Florida 33431	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

**Michael Faren, CFO 1-17-06 561-416-0142**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #