

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90241 001 \*1,350.00

<b>DOCUMENT # 328138</b> 1. Entity Name <b>MAISONETTES SOUTH INC</b>			
Principal Place of Business <b>6849 N. OCEAN BLVD</b> <b>OCEAN RIDGE, FL 33435</b>		Mailing Address <b>6849 N. OCEAN BLVD</b> <b>OCEAN RIDGE, FL 33435</b>	
2. Principal Place of Business <b>6830 N. Ocean Blvd</b> Suite, Apt. #, etc.		3. Mailing Address <b>6855 N. Ocean Blvd</b> Suite, Apt. #, etc.	
City & State <b>Ocean Ridge, FL</b> Zip <b>33435</b> Country		City & State <b>Ocean Ridge, FL</b> Zip <b>33435</b> Country	
4. FEI Number <b>59-1286294</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HARRISON, CAROL GM</b> <b>OCEAN RIDGE MANAGEMENT, INC.</b> <del><b>6849 N. OCEAN BLVD</b></del> <b>OCEAN RIDGE, FL 33435</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>6855 N. Ocean Blvd.</b> City <b>Ocean Ridge</b> FL Zip Code <b>33435</b>	
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><i>[Signature]</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>4-11-06</u>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>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	D GRABNER, GEORGE <del>6849 N OCEAN BLVD</del> OCEAN RIDGE, FL 33435	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>6830 N. Ocean Blvd.</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BOARDMAN, WILLIAM <del>6849 N OCEAN BLVD</del> OCEAN RIDGE, FL 33435	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>6830 N. Ocean Blvd.</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANK, CLINTON MRS. <del>6849 N OCEAN BLVD</del> OCEAN RIDGE, FL 33435	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>6830 N. Ocean Blvd.</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>DT</del> <del>LANDEN, JOHN L</del> <del>6849 N OCEAN BLVD</del> <del>OCEAN RIDGE, FL 33435</del>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>V.P. Lesesue, John Dr.</b> <b>6830 N. Ocean Blvd.</b> <b>Ocean Ridge, FL 33435</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>S</del> <del>ANDRAS, JOHN</del> <del>6849 N OCEAN BLVD</del> <del>OCEAN RIDGE, FL 33435</del>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>S</b> <b>HARRISON, Carol</b> <b>6855 N. Ocean Blvd</b> <b>Ocean Ridge, FL 33435</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>VPD</del> <del>WHEELER, HENRY</del> <del>6849 N OCEAN BLVD</del> <del>OCEAN RIDGE, FL 33435</del>	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 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><i>[Signature]</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>4-11-06</u> Daytime Phone # <u>561-737-6770</u>	