


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # 367682 1. Entity Name ALMAR-INCOR OF FLORIDA, INC.	
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Principal Place of Business 1001 N.W. 58TH CT. FT. LAUDERDALE, FL 33309	Mailing Address P.O. BOX 250642 FRANKLIN, MI 48025
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02072006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1288556	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331
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DO NOT WRITE IN THIS SPACE

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRUMAN, DOROTHY 4350 HILLCREST, #111 HOLLYWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS FRUMAN, LEE 24670 S. CROMWELL FRANKLIN, MI 48025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT FRUMAN, DALE 3002 HILLCREST DRIVE EXPORT, PA 15632
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAST FRUMAN KAYE, MARCY 32259 SCENIC LANE FRANKLIN, MI 48025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>00000507976 04/27/06 80084-017 158.75</p> <p>DO NOT WRITE IN THIS SPACE</p>

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>Marcy Kaye VAST</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>FCB8,06</u> <u>248-8652999</u> <small>Date Daytime Phone 4</small>
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