2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 13, 2006 08:00 AM Secretary of State **DOCUMENT # 527926** 1. Entity Name RICHARD PRENTISS INC. Principal Place of Business Mailing Address 2450 PRESIDENTIAL WAY 2450 PRESIDENTIAL WAY WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. ff, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied Far 13-5659042 Not Applicat Zip Country Ζιρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PRENTISS, RICHARD J Street Address (P.O. Box Number is Not Acceptable) 2450 PRESIDENTIAL WAY PH 7 WEST PALM BEACH FL 33401 City Zìo 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when revisitating) DATE FILE NOW!!! FEE IS \$150.00" \$5.00 May : 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 τ1. TITLE Delete TITLE ☐ Change Acres 7 PRENTISS, RICHARD J NAME 2450 PRESIDENTIAL #PH7 STREET ADDRESS STREET ADDRESS CITY-ST-70 W PALM BEACH FL 33401 CITY-ST-ZIP mil ☐ Defete ME Change □ Ar MARKE NAME 000000463781 03/21/06-80091-001 150.00 STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY - ST- 702 m ☐ Defete Tale ☐ Change ☐ And NAME NAME STREET ADDRESS STRUET ADDRESS CITY-ST-ZIP CHTY-S7-21P TITLE ☐ Delete Change El Mil NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP TITLE Delete TITLE ☐ Change ☐ Arr. NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP TITLE ☐ Delete Change □ A. MILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 informatindicated 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 under 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.

Richard J. Prentiss, 4.

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SIGNATURE:

**FILED**