2006 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 06, 2006 8:00 am **DOCUMENT # 553816 Secretary of State** 03-06-2006 90022 012 ***150.00 THE ORANGERY, INC. Principal Place of Business Mailing Address 7443 NORTHWEST 57 STREET 7443 NORTHWEST 57 STREET FORT LAUDERDALE, FL 33319 FORT LAUDERDALE, FL 33319 2. Principal Place of Business Mailing Address 6805 · PO BOX Suite, Apt. #, etc. Suite, Apt. #, etc. 01142006 CR2E034 (11/05) Chg-P Applied For City & State City & State 4. FEI Number <u>TAMA</u>RAC <u>Tamarac</u> 59-1768862 Not Applicable Broward \$8.75 Additional 5. Certificate of Status Desired Fee Required Krowarr 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ZING-ER SINGER, ALICE Box Number is Not Acceptable) 7443 NORTHWEST 57 STREET TAMARAC, FL 33319 Zip Code 33076 oprings ,ora 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. ed agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. PDST Defete TITLE ☐ Addition TITLE NAME SINGER, ALICE NAME 11218 NW 46 DR STREET ADDRESS 7443 NORTHWEST 57 STREET STREET ADDRESS CITY-ST-ZIP CITY: ST-ZIP TAMARAC, FL 33319 ☐ Addition TITLE ☐ Delete TITLE FREEDMAN, MAURICE NAME NAME 6805 W. Commercial 7443 NORTHWEST 57 STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMARAC, FL 333192101 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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: ______

SIGNATURE AND TYPED OR PRINTED NAME OF SIG

ALCE SINGER OF DIRECTOR

2/23/06

FILED

954-748-7886