
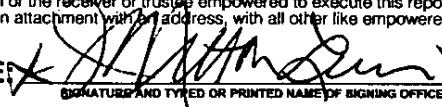


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90186 010 ***150.00

| | | | | | |
|--|--|--|---|---|--|
| DOCUMENT # 604966 1. Entity Name BOOKMAN & LEWIS, INCORPORATED | | | |  | |
| Principal Place of Business 4536 NORTH FEDERAL HIGHWAY FORT LAUDERDALE, FL 33308 | | | Mailing Address 4536 NORTH FEDERAL HIGHWAY FORT LAUDERDALE, FL 33308 | | |
| 2. Principal Place of Business 1000 West McNab Rd Suite, Apt. #, etc. Suite 236 City & State Pompano Beach, FL Zip 33069 Country USA | | | | 3. Mailing Address 1000 West McNab Rd Suite, Apt. #, etc. Suite 236 City & State Pompano Beach, FL Zip 33069 Country USA | |
| 4. FEI Number 59-1501838 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BOOKMAN, ROBERT P. 4536 N. FEDERAL HWY. FT. LAUDERDALE, FL 33308 | | | 7. Name and Address of New Registered Agent Name Bookman, Robert P Street Address (P.O. Box Number is Not Acceptable) 1000 West McNab Rd Suite 236 City Pompano Beach FL Zip Code 33069 | | |
| 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) DATE</small> | | | | | |
| 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 | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PT BOOKMAN, ROBERT P. 4536 N. FEDERAL HWY. FT. LAUDERDALE, FL <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PT Bookman, Robert P 1000 West McNab Rd Suite 236 Pompano Beach, FL 33069 <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VS LEWIS, J MILTON 4536 N FEDERAL HWY FT. LAUDERDALE FL, <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VS Lewis, J Milton 1000 West McNab Rd Suite 236 Pompano Beach, FL 33069 <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | 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 my address, with all other like empowered. | | | | | |
| SIGNATURE:  | | | 4-26-06 954-946-4502 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>Date Daytime Phone #</small> | | |