## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

1. Entity Nam	e	# 670150 RPORATION, INC.						FILED					
Principal Plac		Mailing Address					06 MAY 16 PM 3: 35						
13790 NW 4 113	STREET	13790 NW 4 STREET 113					SECRETARY OF STATE TALLAHASSEE, FLORIDA						
SUNRISE, FL 33325				SUNRISE, FL 33325									
2. Principal Place of Business				3. Mailing Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.				05012006	Chg-P	CR2E	034 (11/05)		
City & State			City & State					4. FEI Numb 59-200				oplied For ot Applicable	
Zip		Country	Zip		intry	5. Certificate of Status Desired  \$8.75 Additional Fee Required							
6. Name and Address of Current R				d Agent	7. Name and Address of New Registered Agent Name								
ZEDECK, LEONARD E.													
13790 NW 4 STREET 113							Street Address (P.O. Box Number is Not Acceptable)						
SUNRISE,	FL 3332	5											
	City	City FL Zip 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													
Signetuse, typed or printed name of registered agent and title if applicable. (NO1E: Registered Agent signate								when reinstating)	•	DATE			
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006				Election Campaign Finance     Trust Fund Contribution.			\$5.00 May Be Added to Fees In accordan- corporation			ce with s. 607.193(2)(b), F.S., the did not receive the prior notice.			
10.	155	OFFICERS AND [	DIRECTO	RS Defete	11	1		ADDITIONS	CHANGES TO C	OFFICERS AN			
TITLE NAME	DP ZEDECK,	LE Me					☐ Change	Addition					
STREET ADDRESS CITY-ST-ZIP						REET ADDRESS FY-ST-ZIP	A	13/23					
TITLE	STD	LE	Ψ				Change	Addition					
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CITY-ST-ZIP	SUNRISE	REET ADDRESS (Y-ST-ZIP											
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NAME						ME							
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CITY-ST-ZIP			Main Prin			TY-ST-ZIP		1 i= 0 b	o Flacti Co	- 16 -	W. at a second		
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 effect this poort 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 a component of the corporation of the corporation or the receiver or trustee empowered.													
of the corporation of the receiver of trustee empowered to effectly and the changed, or on an attachment with an address, with an other like empowered.  SIGNATURE:													
SIGNAL	JINE	SIGNATURE AND TYPE R P	RINTED NAI	NE OF SIGNING OFFI	CER OR DIRE	CTOR			Date		Daytime Phone #		