## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F02000006059

Address:

City-St-Zip:

500 PALM STREET #22

WEST PALM BEACH, FL 33401

Entity Name: POLYVINE INCORPORATED

FILED Jul 17, 2006 Secretary of State

Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
500 PALM WEST PA	ST., #22 LM BEACH, Fl	. 33401			
Current Mailing Address:			New Mailing Address:		
500 PALM WEST PA	ST., #22 LM BEACH, Fl	. 33401			
FEI Number	: 95-4691380	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
1801 N FL	RN, BARRY AGLER DRIVE LM BEACH, FL				
	named entity s e of Florida.	submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATU	RE:				
	Electror	ic Signature of Registered Age	ent	Date	
		3(2)(b), F.S., the corporation did no g Trust Fund Contribution ( ).	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	STEINHORN, B 500 PALM STR		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	STEINHORN, J 500 PALM STR		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	STVC () STEINHORN, B	Delete ARRY	Title: Name:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: BARRY N STEINHORN PRES 07/17/2006