01/30/2006 MON 10:50 FAX 386 274 2757 WESTON GREGORY D

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90028 031 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F29369

1. Entity Name
POLLACK ENTERPRISES, INC.

Principal Place of Business	Mailing Address
249 FLORATAM TRAIL NEW SMYRNA BEACH, FL 32168	PO BOX 1492 EDGEWATER, FL 32132

01302006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
1595 East Minnesota Ave.	1595 East Minnesota Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Deland, FL	City & State: Deland, FL
Zip: 32724 Country: USA	Zip: 32724 Country: USA

4. FEI Number 59-2063794 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

POLLACK, EDWARD N.
249 FLORATAM TRAIL
NEW SMYRNA BEACH, FL 32168

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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 [signature] Edward N. Pollack 2-8-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $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	PTV POLLACK, EDWARD N 249 FLORATAM TRAIL NEW SMYRNA BEACH, FL 32168	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1595 East Minnesota Avenue Deland, FL 32724	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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 an address, with all other like empowered.

SIGNATURE: [signature] Edward N. Pollack 2-8-06 386-295-1530
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #