

**2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# F61178

**FILED**  
**May 03, 2006**  
**Secretary of State****Entity Name:** SIXTY NINE RANCH, INC.**Current Principal Place of Business:**PEARCE, JOHN F.  
RR 6 BOX 988  
OKEECHOBEE, FL 34974 US**Current Mailing Address:**%PEARCE, JOHN, F.  
RR 6 BOX 988  
OKEECHOBEE, FL 34974 US**New Principal Place of Business:**625 NORTH FLAGLER DRIVE  
SUITE 625  
WEST PALM BEACH, FL 33401 US**New Mailing Address:**625 NORTH FLAGLER DRIVE  
SUITE 625  
WEST PALM BEACH, FL 33401 US**FEI Number:** 45-0536848**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**PEARCE, JOHN F.  
RT 6 BOX 988  
HWY 78 W.  
OKEECHOBEE, FL 34974 US**Name and Address of New Registered Agent:**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

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.

SIGNATURE: CT CORPORATION SYSTEM

05/03/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** PD ( ) Delete  
**Name:** PEARCE, JOHN F.,  
**Address:** RR 6 BOX 988  
**City-St-Zip:** OKEECHOBEE, FL**Title:** SD ( ) Delete  
**Name:** PEARCE, IDELL,  
**Address:** RR 6 BOX 988  
**City-St-Zip:** OKEECHOBEE, FL**Title:** DT ( ) Delete  
**Name:** PEARCE, JR., JOHN,  
**Address:** 1920 SW 19H LN  
**City-St-Zip:** OKEECHOBEE, FL**Title:** D ( ) Delete  
**Name:** LEWIS, MARTHA R.,  
**Address:** 902 WELSH LN  
**City-St-Zip:** JACKSONVILLE, NC**Title:** D (X) Delete  
**Name:** CRONCICH, CYNTHIA,  
**Address:** RR 6 BOX 989  
**City-St-Zip:** OKEECHOBEE, FL**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** P/D (X) Change ( ) Addition  
**Name:** BERNSTEIN, MICHAEL E  
**Address:** 625 NORTH FLAGLER DRIVE SUITE 625  
**City-St-Zip:** WEST PALM BEACH, FL 33401 US**Title:** V/D (X) Change ( ) Addition  
**Name:** SHAPIRO, STEPHEN J  
**Address:** 625 NORTH FLAGLER DRIVE SUITE 625  
**City-St-Zip:** WEST PALM BEACH, FL 33401 US**Title:** T/S (X) Change ( ) Addition  
**Name:** SESCO, CAROLYN S  
**Address:** 625 NORTH FLAGLER DRIVE SUITE 625  
**City-St-Zip:** WEST PALM BEACH, FL 33401 US**Title:** V (X) Change ( ) Addition  
**Name:** WELLINGTON, GRAHAM P  
**Address:** 625 NORTH FLAGLER DRIVE SUITE 625  
**City-St-Zip:** WEST PALM BEACH, FL 33401 US**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

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.

SIGNATURE: MICHAEL E. BERNSTEIN

P/D

05/03/2006

Electronic Signature of Signing Officer or Director

Date