2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# F93000004920

Entity Name: BOYNTON SIMON, INC.

Current Principal Place of Business:

115 W. WASHINGTON ST.
SUITE 15E
INDIANAPOLIS, IN 46204 US

New Principal Place of Business:

Current Mailing Address:

C/O CORPORATE PARALEGAL
115 W. WASHINGTON ST., SUITE 15E
INDIANAPOLIS, IN 46204 US

New Mailing Address:

C/O CORPORATE PARALEGAL
P.O. BOX 7033
INDIANAPOLIS, IN 46207 US

FEI Number: 35-1902072 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	C/P	( ) Delete
Name:	SIMON, MELVIN	
Address:	115 W. WASHINGTON STREET, SUITE 15E	
City-St-Zip:	INDIANAPOLIS, IN 46204	
Title:	P	( ) Delete
Name:	SIMON, STEPHEN H	
Address:	115 W. WASHINGTON STREET, SUITE 15E	
City-St-Zip:	INDIANAPOLIS, IN 46204	
Title:	V	( ) Delete
Name:	SIMON, DAVID	
Address:	115 W. WASHINGTON ST., SUITE 15E	
City-St-Zip:	INDIANAPOLIS, IN 46204	
Title:	TR	( ) Delete
Name:	FELSHER, ART	
Address:	115 W. WASHINGTON ST., SUITE 15E	
City-St-Zip:	INDIANAPOLIS, IN 46204	
Title:	V,S	( ) Delete
Name:	FOXWORTHY, RANDOLPH L	
Address:	115 W. WASHINGTON ST., SUITE 15E	
City-St-Zip:	INDIANAPOLIS, IN 46204	
Title:	AS	( ) Delete
Name:	SCHMIDT, JAMES A	
Address:	115 W. WASHINGTON ST., SUITE 15E	
City-St-Zip:	INDIANAPOLIS, IN 46204	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: ARTHUR FELSHER T 05/01/2006

Electronic Signature of Signing Officer or Director Date