

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93557

FILED
Mar 21, 2006
Secretary of State

Entity Name: PAUL SHEIMAN, INC.

Current Principal Place of Business:

120 SOUTH CONGRESS AVE.
DELRAY BCH, FL 334454642

New Principal Place of Business:

Current Mailing Address:

120 SOUTH CONGRESS AVE.
DELRAY BCH, FL 334454642

New Mailing Address:

FEI Number: 59-2217170

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHEIMAN, PAUL L
11339 YELLOW LEGS LANDING
LAKE WORTH, FL 33467 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: SHEIMAN, PAUL L,
Address: 11339 YELLOW LEGS LANDING
City-St-Zip: LAKE WORTH, FL 33467

Title: VS () Delete
Name: SHEIMAN, GAIL S,
Address: 11339 YELLOW LEGS LANDING
City-St-Zip: LAKE WORTH, FL 33467

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SEC () Change (X) Addition
Name: COOK, MICHELLE
Address: 1616 FENTON DR.
City-St-Zip: DELRAY BEACH, FL 33445 US

Title: TREA () Change (X) Addition
Name: SHEIMAN, EVAN
Address: 4963 PINEMORE LANE
City-St-Zip: LAKE WORTH, FL 33463 US

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: PAUL SHEIMAN

PT

03/21/2006

Electronic Signature of Signing Officer or Director

_____ Date