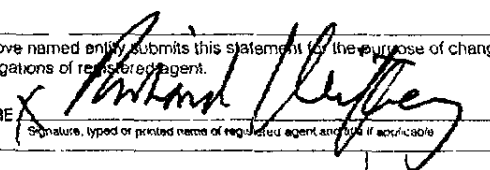
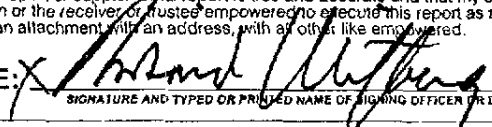


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # F95000002178		
1. Entity Name KLITZBERG ASSOCIATES, INC.		
Principal Place of Business 600 ALEXANDER RD. PRINCETON, NJ 08540		Mailing Address 600 ALEXANDER RD. PRINCETON, NJ 08540
DO NOT WRITE IN THIS SPACE		
		02182006 No Chg-P CR2E034 (11/05)
4. FEI Number 22-2724144		Applied For Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent KLITZBERG, RICHARD 4501 N. OCEAN BLVD., #8 BOCA RATON, FL 33431		DO NOT WRITE IN THIS SPACE
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  (NOTE: Registered Agent signature required when reappointing) Signature, typed or printed name of registered agent, and date if applicable		
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		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD KLITZBERG, RICHARD 4501 N. OCEAN BLVD., #8 BOCA RATON, FL 33431	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD KLITZBERG, JUDITH 4501 N. OCEAN BLVD., #8 BOCA RATON, FL 33431	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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 an officer like employed.		
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 2/23/05 Daytime Phone # 561-989-007