## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 27, 2006 08:00 AN DOCUMENT # F96000000070 **Secretary of State** 1. Entity Name SIMON-EISEN HOLDINGS, INC. Principal Place of Business Mailing Address % DAVID EISEN % DAVID EISEN 1250 DEER PARK LANE 1250 DEERE PARK LANE DEERFIELD, IL 60015 US DEERFIELD, IL 60015 No Chg-P CR2E034 (11/05) 01102006 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For Not Applicable 65-0634814 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WILLIAMS, ALICE M DO NOT WRITE ECKERT SEAMANS CHERIN & MELLOTT 200 WEST COLLEGE AVENUE, 3RD FLOOR IN THIS SPACE TALLAHASSEE, FL 32301 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 reinstating) Signature, typed or printed name of registered agent and little if applicable. Unnann406029 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 02/07/06-80062-022 150.00 OFFICERS AND DIRECTORS 10. TITLE POST NAME EISEN, DAVID 1250 DEERE PARK LANE STREET ADDRESS CITY-ST-ZIP DEERFIELD, IL TITLE NAME STREET ADDRESS CITY-ST-ZIP 3131 F NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information speplied 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

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Elsen

1/06 726-962

**FILED**