2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 11, 2006 08:00 AM DOCUMENT # F96000005891 **Secretary of State** PATRICIA FASANO, INC. Principal Place of Business Mailing Address 14101 VALLEY HEART DRIVE 14101 VALLEY HEART DRIVE SUITE 200 SUITE 200 SHERMAN OAKS, CA 91423 SHERMAN OAKS, CA 91423 No Chg-P CR2E034 (11/05) 01242006 DO NOT WRITE IN THIS SPACE Applied For 4. FE! Number 95-3709925 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent WOLLMAN, FRANCHESCA DO NOT WRITE 8014 NW 66 WAY PARKLAND, FL 33067 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. U00000503062 8. Election Campaign Financing \$5.00 May Be 04/26/06-80017-010 158.75 FILE NOWII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Added to Fees Trust Fund Contribution. OFFICERS AND DIRECTORS 10. **PVST** TITLE FASANO, PATRICIA NAME 9771 DONNINGTON PLACE STREET ADDRESS BEVERLY HILLS, CA 90210 CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 supplied antal 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 for 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

NAME STREET ADDRESS CATY-ST-ZIP

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