
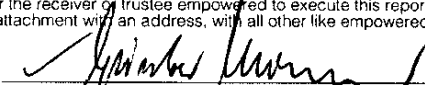


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90040 033 ***150.00

| | | | |
|--|---------------------------------|--|---|
| DOCUMENT # H29403 1. Entity Name SIMON AND CHRIS, INC. | |  | |
| Principal Place of Business 1858 RINGLING BLVD. SARASOTA, FL 34236 | | Mailing Address 1858 RINGLING BLVD. SARASOTA, FL 34236 | |
| 2. Principal Place of Business 1990 Main Street Suite, Apt. #, etc. Suite 801 City & State Sarasota, FL Zip 34236 | | 3. Mailing Address 1990 Main Street Suite, Apt. #, etc. Suite 801 City & State Sarasota, FL Zip 34236 | |
| 4. FEI Number 59-2553314 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent GLENDINNING, RENE M 1858 RINGLING BLVD. SARASOTA, FL 34236 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1990 Main Street Suite 801 City Sarasota FL Zip Code 34236 | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE PD NAME MROTZEK, GUENTHER STREET ADDRESS 1055 GULF OF MEXICO DR CITY - ST - ZIP LONGBOAT KEY, FL | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE DS NAME MROTZEK, ANITA STREET ADDRESS 1055 GULF OF MEXICO DR CITY - ST - ZIP LONGBOAT KEY, FL | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 all other like empowered. | | | |
| SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | Date 01/31/06 <small>Daytime Phone #</small> | |

Günter Mrotzek