
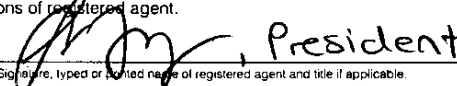
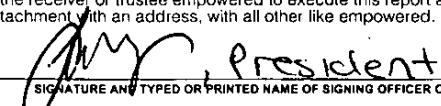


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90321 045 \*\*\*150.00

<b>DOCUMENT # H66526</b> 1. Entity Name <b>GAETA CROMWELL, INC.</b>					
Principal Place of Business <b>3555 NORTHLAKE BLVD. PALM BEACH GARDENS, FL 33403</b>			Mailing Address <b>3555 NORTHLAKE BLVD. PALM BEACH GARDENS, FL 33403</b>		
2. Principal Place of Business <b>5220 Hood Road</b>		3. Mailing Address <b>5220 Hood Road</b>			
Suite, Apt. #, etc. <b>Suite 100</b>		Suite, Apt. #, etc. <b>Suite 100</b>			
City & State <b>Palm Beach Gardens, FL</b>		City & State <b>Palm Beach Gardens, FL</b>		4. FEI Number <b>59-2635600</b>	
Zip <b>33418</b>		Country		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>33418</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>GAETA, LOUIS A. JR. 3555 NORTHLAKE BLVD. PALM BEACH GARDENS, FL 33403</b>			<b>7. Name and Address of New Registered Agent</b> Name <b>Gaeta, Louis A., Jr.</b> Street Address (P.O. Box Number is Not Acceptable) <b>5220 Hood Road, Suite 100</b> City <b>Palm Beach Gardens</b> <b>FL</b> Zip Code <b>33418</b>		
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  <b>President</b> <span style="float: right;">4/5/06</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD GAETA, LOUIS A., JR. <input type="checkbox"/> Delete 3555 NORTHLAKE BLVD. PALM BEACH GARDENS, FL 33403		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5220 Hood Road, Suite 100 Palm Beach Gardens, FL 33418	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD CROMWELL, HENRY F. <input type="checkbox"/> Delete 3555 NORTHLAKE BLVD. PALM BEACH GARDENS, FL 33403		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 905 U.S. Highway One, Suite G Lake Park, FL 33403	
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	
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	
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	
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:  <b>President</b> <span style="float: right;">4/5/06 (561)627-1900</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					