## 2006 FOR PROFIT CORPORATION

## **FILED** Feb 03, 2006 08:00 AM

| ANNUAL REPORT   |   |  |  | Secretary of State |                       |   |  |
|---|---|--|--|--------------------|-----------------------|---|--|
| 1. Entity Nan   | MENT # H79655   |  |  |                    | Secreta               | ary or state                                    |  |
| Principal Place<br>% MURIEL K<br>617 DUVAL<br>KEY WEST, F   | UTNER 5.  | failing Address<br>% Muriel Kutner<br>517 Duval St.<br>Key West, Fl. 33040 |  | # \$ <b>880</b> 01 |                       | NS 8583 NSSS NSSS NSSS 8505 NSSS NSSS NSSS NSSS |  |
| С   | OO NOT WRITE II   | CE   | 01192006 No Chg-P CR2E034 (11/05)  4. FEt Number |                    |                       |   |  |
| <b></b>   | 6. Name and Address of Current Regis                          | -  |  |                    |                       |   |  |
| KUTNER,<br>617 DUVA<br>KEY WES  |   | DO NOT WRITE<br>IN THIS SPACE  |  |                    |                       |   |  |
| 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.   am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating)  DATE |   |  |  |                    |                       |   |  |
| Signature, typed or punted name of registered agent and title if applicable. (NOTE, Registered  FILE NOWILL FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  Trust Fund Contribution.   |   |  | ncing _ \$5.                                     | 00 May Be          |                       | DATE  |  |
| 10.   | OFFICERS AND DIRE   | CTORS  | 1  | L                  |                       |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | P<br>KUTNER, MURIEL<br>617 DUVAL ST.<br>KEY WEST, FL 33040    |  |  |                    |                       |   |  |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | S<br>KUTNER, ARTHUR<br>617 DUVAL STREET<br>KEY WEST, FL 33040 |  |  | 92                 | uündüü41<br>/13/06-80 | 7293<br>051-001 150.00                          |  |
| title<br>Name<br>Street address<br>City-St-Zip  |   |  |  | DO N               | OT WF                 | RITE  |  |
| nile<br>Name<br>Street address<br>Chty-St-Zip   |   |  |  | IN TH              | IIS SPA               | ACE   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |  |  |                    |                       |   |  |
| TITLE<br>NAME<br>STREET HORRESS   |   |  |  |                    |                       |   |  |

12. I hereby certify that the information supplied with this filling 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 calls, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 507, Florida Statutes, and that my name appears in Block 10 or Block 11 if chapter, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR