

**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 22, 2006 8:00 am**  
**Secretary of State**

05-22-2006 90048 004 \*\*\*150.00

**DOCUMENT # H88540**  
 1. Entity Name  
**CONTINENTAL RESOURCES INTERNATIONAL CORPORATION**



Principal Place of Business  
**ONE N. CLEMATIS ST  
 WEST PALM BEACH FL 33401  
 US**

Mailing Address  
**P.O. BOX 4297  
 WEST PALM BEACH FL 33402  
 US**



2. Principal Place of Business  
**515 N. Flagler Drive**  
 Suite, Apt. #, etc.  
**Suite 300P**  
 City & State  
**West Palm Beach, FL**

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip  
**33401** Country  
**US**

1st MOORE CR2E034 (10/05)

6. Name and Address of Current Registered Agent  
**CHOPIN, L. FRANK  
 ONE N. CLEMATIS ST  
 WEST PALM BEACH FL 33401**

4. FEI Number  
**22-2663683** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**515 N. Flagler Drive**  
**Suite 300 P**  
 City  
**West Palm Beach** **FL** Zip Code  
**33401**

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) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP POLIVY, IRWIN 570 LEXINGTON AVE 33RD FL NEW YORK NY 10022	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP POLIVY, IRWIN 570 LEXINGTON AVE 33RD FL NEW YORK NY 10022	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BERNSTEIN, HARVEY 570 LEXINGTON AVE 33RD FL NEW YORK NY 10022	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 Section 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: Harvey Bernstein 5/1/06  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Harvey Bernstein, Secretary** Phone # \_\_\_\_\_