## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 02, 2006 08:00 AN Secretary of State

| DOOL | <b>JMENT</b> | JE 1454 | 00 |
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1. Entity Name

TH. MAX FRICKER & ASSOCIATES, INC.



Principal Place of Business

2401 PGA BLVD

SUITE 148

PALM BEACH GARDENS, FL 33410 L

Mailing Address

2401 PGA BLVD

SUITE 148

PALM BEACH GARDENS, FL 33410 US



01302006

No Chg-P

CR2E034 (11/05)

(561) 625-1005

Daytime Phone #

Fee Required

4. FEI Number 59-2744360

5. Certificate of Status Desired

Applied For Not Applicable \$8.75 Additional

8. Name and Address of Current Registered Agent

FRICKER, H.MAX 2401 PGA BLVD STE 148 PALM BEACH GARDENS, FL 33410 DO NOT WRITE IN THIS SPACE

|   | named entity submits this statement for the plans of registered agent.  | urpose of changing its registere  | d office or registered agent, or bo  | oth, in the State of Florida. I am familiar with, and accept  |  |
|---|---|---|--|---|--|
| Signature typed or printed name of registered agent and title if applicable, (NOTE, Registered Agent signature required when rehistating)  DATE |   |   |  |   |  |
| FILE NOW!!! FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.                        |   | cing \$5.00 May Be Added to Fees  |  |   |  |
| 10.   | OFFICERS AND DIREC  | TORS  |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>FRICKER, H. MAX<br>2401 PGA BLVD,. STE 148<br>PALM BEACH GARDENS, FL 33410  |   |  | UNTITURAS 2014  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |   |  | 00000453051<br>03/14/06-80004-013 158.75  |  |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |   |  | NOT WRITE   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |   |  | THIS SPACE  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |   |  |   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |   |  |   |  |
| 12. I hereby of indicated of the corchanged,  | pertify that the information supplied with this fit<br>on this report or supplemental report is the a<br>poration or the receiver or trustee graphwered<br>or on an attachment with an address with all | ing does not qualify for the exe<br>nd accurate and that my signatu<br>to execute this report as require<br>other the empowered | mptions contained in Chapter 11<br>ure shall have the same legal effe<br>ed by Chapter 607, Florida Statut | 9. Florida Statutes 1 further certify that the information of as if made under oath, that I am an officer or directories; and that my name appears in Block 10 or Block 11 if |  |

January 30, 2006

Max Fricker, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

By: H.

SIGNATURE: