



**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J48041</b> 1. Entity Name <b>MULTIPAR INC.</b>			
Principal Place of Business <b>1663 MOUND ST 1663 MOUND STREET SARASOTA, FL 34236 US</b>		Mailing Address <b>1663 MOUND ST 1663 MOUND STREET SARASOTA, FL 34236 US</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
			
		01102006 No Chg-P CR2E034 (11/05)	
		4. FEI Number <b>59-2752009</b>	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			
<b>FURMAN, ROBERT G. 1663 MOUND STREET SARASOTA, FL 33577</b>		<b>DO NOT WRITE IN THIS SPACE</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 _____ <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>U00000555757 05/16/06-80046-003 150.00</b>	
10. OFFICERS AND DIRECTORS			
TITLE	PDT		
NAME	FURMAN, ROBERT G.		
STREET ADDRESS	1663 MOUND STREET		
CITY- ST- ZIP	SARASOTA, FL		
TITLE	S		
NAME	TISHLER, LOUIS B., JR.		
STREET ADDRESS	200 S. WACKER, STE 2600		
CITY- ST- ZIP	CHICAGO, IL		
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
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.			
<b>SIGNATURE:</b>  <b>Robert G. Furman</b>		<b>4-27-2006</b> <b>941-265-7891</b> <small>Date Daytime Phone #</small>	