

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2006 8:00 am**  
**Secretary of State**

02-23-2006 90018 048 \*\*\*150.00

<b>DOCUMENT # J80222</b> 1. Entity Name <b>NORTHERN STAR PROPERTIES, INC.</b>					
Principal Place of Business <b>5750 NW 15 ST</b> <b>MARGATE, FL 33063 US</b>			Mailing Address <b>5750 NW 15 ST</b> <b>MARGATE, FL 33063 US</b>		
2. Principal Place of Business <b>750 East Sample Road</b>			3. Mailing Address <b>750 East Sample Road</b>		
Suite, Apt. #, etc. <b>Building 2, Suite 210</b>			Suite, Apt. #, etc. <b>Building 2, Suite 210</b>		
City & State <b>Pompano Beach, Florida</b>			City & State <b>Pompano Beach, Florida</b>		
Zip <b>33064</b>		Country <b>USA</b>		4. FEI Number <b>59-2840739</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>MANNE, LESLIE</b> <b>5750 NW 15 ST</b> <b>MARGATE, FL 33063</b>			7. Name and Address of New Registered Agent Name <b>MANNE, LESLIE</b> Street Address (P.O. Box Number is Not Acceptable) <b>750 East Sample Road</b> <b>Building 2, Suite 210</b> City <b>Pompano Beach</b> <b>FL</b> <b>33064</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>Leslie Manne</b> <span style="float: right;">February 21, 2006</span> <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>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>			
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> </div> </div>					
TITLE	PD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANNE, LEE		NAME	MANNE, LEE	
STREET ADDRESS	5750 NW 15 ST		STREET ADDRESS	750 E. Sample Rd Bldg. 27 Ste. 210	
CITY-ST-ZIP	MARGATE, FL		CITY-ST-ZIP	Pompano Beach, FL 33064	
TITLE	S	<input type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANNE, LESLIE		NAME	MANNE, LESLIE	
STREET ADDRESS	5750 NW 15 ST		STREET ADDRESS	750 E. Sample Rd. Bldg. 2, Ste 210	
CITY-ST-ZIP	MARGATE, FL		CITY-ST-ZIP	Pompano Beach, FL 33064	
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUBIN, ALLAN		NAME		
STREET ADDRESS	6711 N. OCEAN BLVD #5		STREET ADDRESS		
CITY-ST-ZIP	OCEAN RIDGE, FL 33435		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUBIN, JUDI		NAME		
STREET ADDRESS	6711 N. OCEAN BLVD #5		STREET ADDRESS		
CITY-ST-ZIP	OCEAN RIDGE, FL 33435		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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.					
SIGNATURE: <b>Leslie Manne</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			February 21, 2006 954 782-6585 <small>Date Daytime Phone #</small>		