2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Feb 10, 2006 8:00 am Secretary of State **DOCUMENT # K49065** 02-10-2006 90003 017 ***150.00 1. Entity Name KOPELMAN ENTERPRISES, INC. Principal Place of Business Mailing Address 927 CENTRAL AVENUE 927 CENTRAL AVENUE ST. PETERSBURG, FL 33705 ST. PETERSBURG, FL 33705 US 01262006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2925557 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HOFSTRA, PETER T DO NOT WRITE 8640 SEMINOLE BOULEVARD SEMINOLE, FL 33772 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS DPS TITLE NAME KOPELMAN, BRETT S STREET ADDRESS 927 CENTRAL AVENUE CITY-ST-ZIP ST. PETERSBURG, FL. 33705 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE ПΠЕ NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 accdrate 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

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

NG OFFICER OR DIRECTOR

Daytime Phone 6

FILED