
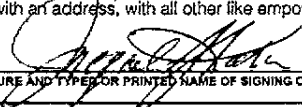


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K57381</b> 1. Entity Name KOHN & COMPANY, INC.		
Principal Place of Business 7301 N W 4 STREET STE 110 PLANTATION, FL 33317 US		Mailing Address 7301 N W 4 STREET STE 110 PLANTATION, FL 33317 US
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  KOHN, JACQUELINE J 7301 N W 4 STREET SUITE 110 PLANTATION, FL 33317		<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)</small> DATE _____		
<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</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	DVP	
NAME	KOHN, JACQUELINE J	
STREET ADDRESS	621 N.W. 65TH AVE.	
CITY-ST-ZIP	PLANTATION, FL	
TITLE	DP	
NAME	KOHN, LAWRENCE G	
STREET ADDRESS	621 N.W. 65TH AVE.	
CITY-ST-ZIP	PLANTATION, FL	
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.		
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>5/21/06</b> <small>Date</small>  <b>DO NOT WRITE IN THIS SPACE</b>



01202006 No Chg-P CR2E034 (11/05)

4. FEI Number  
65-0094755

Applied For
Not Applicable

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

000000535934  
05/08/06-80071-022 150.00