


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 10, 2006 08:00 AM
Secretary of State

DOCUMENT # K65288 1. Entity Name SCHWARZ ENTERPRISES, INC.	
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Principal Place of Business DARBY HAUCK 712 US HWY ONE #210 NORTH PALM BEACH, FL 33408 US	Mailing Address HAUCK, DARBY 712 US HWY ONE, #210 NORTH PALM BEACH, FL 33408 US
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01252006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0114903	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LIGHTHOUSE FOR THE BLIND OF PALM BEACHES 7810 SOUTH DIXIE HWY WEST PALM BEACH, FL 33405

**DO NOT WRITE
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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GODDARD, NED 3216 N FLAGLER DR W PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAUCK, DARBY 712 US HWY 1 STE 210 NORTH PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST THOMPSON, WILLIAM S. 7810 SOUTH DIXIE HWY WEST PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLETT, STANLEY D 4100 RCA BLVD., SUITE #100 PALM BEACH GARDENS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/21/06-80074-009 158.75

**DO NOT WRITE
IN THIS SPACE**

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: William S. Thompson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/06/06 561-586-5600
Date Daytime Phone