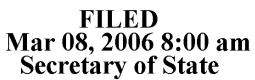
2006 FOR PROFIT CORPORATION ANNUAL REPORT



Attion					Secretary of State			
DOCUMENT # L23155 1. Entity Name THE MISHNER COMPANY							00161 011 ***15	
Principal Place of Business Mailing Address								
4100 N W 28TH AVENUE BOCA RATON, FL 33434		4100 N W 28TH AVENUE BOCA RATON, FL 33434				P)#11 11911 6(811 01211 01211 1		
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01252006	Chg-P	CR2E034 (11/05		
City & State		City & State			4. FEI Numbe 65-015			Applied For Not Applicable
Zip	Country	Zip Cour		try		of Status Desired	□ \$8.75 A Fee Requi	
6. Name and Address of Current Registered Agent				Name	7. Name and	Address of New R	egistered Agent	
MISHNER, CHARLES 4100 NW 28 AVE BOCA RATON, FL 33433					P.O. Box Numbe	er is Not Acceptable	*)	
				City				
				City			FL Zip Co	de
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								
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 Trust Fund Contribution. Added to								
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFFI	ICERS AND DIRECTO	RS IN 11
	D Delete TITL			I			☐ Change	Addition
				ET ADDRESS				
CITY-ST-ZIP BOC	A RATON, FL		CITY	-\$T-ZIP				
TITLE	_ ******		TITL				Change	Addition
NAME STREET ADDRESS			nam Stre	ET ADDRESS				
CITY-ST-ZIP			CITY	-ST-ZIP				
TITLE	☐ Delete TIT			1			☐ Change	Addition
NAME STREET ADDRESS		NAM Stre	ET ADDRESS					
CITY-ST-ZIP			СПУ	-ST-ZIP				
TITLE		☐ Delete	TITL	I	· ·		☐ Change	Addition
NAME STREET ADDRESS			NAM Stre	ET ADDRESS				
CITY-ST-ZIP			CITY	-ST-ZIP				
TITLE		☐ Delete	TITL	I			Change	Addition
NAME STREET ADDRESS			NAM STRE	EET ADDRESS				
CITY-ST-ZIP			СПУ	-ST-ZIP				
TITLE		☐ Delete	TITL				☐ Change	Addition
NAME STREET ADDRESS			NAM STRE	ET ADDRESS				
CITY-ST-ZIP			CITY	-ST-ZIP		**		1.1.0
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 director 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: 3/6/06								
SIGNATURE. OR SINGURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR Date Date Dayline Phone F								