

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L28628

FILED  
Feb 06, 2006  
Secretary of State

Entity Name: SCHACHTER-LANDSDOWNE, INC.

**Current Principal Place of Business:**

13305 PROVENCE DRIVE  
PALM BEACH GARDENS, FL 33410

**New Principal Place of Business:**

**Current Mailing Address:**

13305 PROVENCE DRIVE  
PALM BEACH GARDENS, FL 33410

**New Mailing Address:**

FEI Number: 65-0154971

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCHACHTER, FRANKLIN  
13305 PROVENCE DRIVE  
PALM BEACH GARDENS, FL 33410 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SCHACHTER, FRANKLIN,  
Address: 13305 PROVENCE DR  
City-St-Zip: PALM BCH GARDENS, FL 33410

Title: D ( ) Delete  
Name: SCHACHTER, RHODA,  
Address: 13305 PROVENCE DR  
City-St-Zip: PALM BCH GARDENS, FL 33410

Title: T ( ) Delete  
Name: SCHACHTER/MIRKINE, ILENE  
Address: 48 BAYBERRY LANE  
City-St-Zip: WESTPORT, CT 06880

Title: VP ( ) Delete  
Name: SCHACHTER/CRANDALL, LAUREN  
Address: 237 OLD FARN LN  
City-St-Zip: FAIRFIELD, CT 06432

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANKLIN SCHACHTER

P

02/06/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date