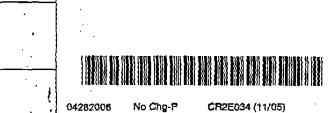
2006 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # L28964 FRANK T. FUNKE III ASSOCIATES INC. Principal Place of Business Mailing Address 8391 150TH CT NORTH P.O. BOX 240

FILED May 03, 2006 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

JUPITER, FL 33468

4. FEI Number	-	Applied For	
65-0161367		Not Applicab	
5. Certificate of Status Desired		\$8.75 Additional	

Daytime Phone #

5. Name and Address of Current Registered Agent FUNKE, FRANK T III

150TH CT NORTH WEST PALM BEACH, FL 33418

SIGNATURE:

WEST PALM BEACH, FL 33418

DO NOT WRITE IN THIS SPACE

			. •	•		
	named entity submits this statement for the plans of registered agent.	urpose of changing its registered	office or registered	agent, or both	n, in the State of Florida. I am familiar with, and accept	
SIGNATURE_	.=	-	•			
	Signature, typed or printed name of registered agent and title i	Ropplicable. (NOTE, Registered Ac	igut siguature tedrated whe	n reinstehng)	DATE	
FIL After M:	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	 Election Campaign Financir Trust Fund Contribution. 	95.00 □ Added 1	May Be to Fees		
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CTTY-ST-ZIP	P FUNKE, FRANK T III 8391 150TH CT NORTH PALM BEACH GARDENS, FL 33418		;•		U00000560230	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FUNKE, MICHELLE F 8391 150TH CT NORTH PALM BEACH GARDENS, FL 33418		1	'n	05/18/06-80032-004 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			***	DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN 7	THIS SPACE	
TITLE NAME STREET ADDRESS CATY-ST-ZIP			·			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			•	,		
12. Thereby certify that the information supplied with this filling 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 cath; 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 or an attachment with an address, with all other like empowered.						

SIGNATURE AND TYPEO OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR