2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Feb 06, 2006 08:00 AM Secretary of State DOCUMENT # L43720 1. Entity Name PETER J. SCHWEITZER & ASSOCIATES, INC. Principal Place of Business Mailing Address 4996 W. ATLANTIC BLVD. P.O. BOX 8552 CORAL SPRINGS, FL 33075 MARGATE, FL 33063 US US 10:12. 14. 1 01232006 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 11-2598782 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SCHWEITZER, PETER J. DO NOT WRITE 4996 W. ATLANTIC BLVD. MARGATE, FL 33063 IN THIS SPACE 5. 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 tille if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWILL FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TSTLE SCHWEITZER, PETER J. NAME STREET ADDRESS 4998 W. ATLANTIC BLVD. MARGATE, FL 33063 CITY-ST-ZIP TITLE U00000422214 02/17/06-80006-003 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS EXTY-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 of trustee endowered 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 high an address, fitting the pike empowered.

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED