2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L47093

1. Entity Name
MANFRED M. SCHICKEDANZ, INC.



Principal Place of Business

7741 N. MILITARY TRAIL

SUITE 1

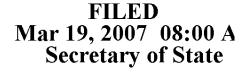
WEST PALM BEACH, FL 33410

Mailing Address

7741 N. MILITARY TRAIL

SUITE 1

WEST PALM BEACH, FL 33410





DO NOT WRITE IN THIS SPACE

02232007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0230664 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHICKEDANZ, WALDEMAR 7741 N. MILITARY TRAIL SUITE 1 WEST PALM BEACH, FL 33410

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) IMMONISSISTES | | | | | |
| FILE NOWI!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finar | | _ + | 93/27/07-80090-025 | 150.00 | |
| 10. | OFFICERS AND DIREC | TORS | | | |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP | D SCHICKEDANZ, MANFRED M. 5432 11TH ST NE CALGARY, ALB, CAN, | | | 1 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SCHICKEDANZ, ROBIN J. 5432 11TH ST NE CALGARY, ALB, CAN, | | | , | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP SCHICKEDANZ, WALDEMAR 7741 N MILITARY TRAIL, SUITE 1 WEST PALM BEACH, FL 33410 | | DO | NOT WRITE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | IN | THIS SPACE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | , | | | • | |
| TITLE NAME STREET ADDRESS | ************************************** | | | | , |
| 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. | | | | | |

Manfred M. Schickedanz, Inc.

Waldemar Schickedanz, Registered Agent