


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2006 08:00 AM
Secretary of State

DOCUMENT # L79115 1. Entity Name PROFITS PLUS ENTERPRISES, INC.	
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Principal Place of Business 1801 SOUTH FEDERAL HWY STE 242 DELRAY BEACH, FL 33483	Mailing Address 1801 SOUTH FEDERAL HWY STE 242 DELRAY BEACH, FL 33483
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03272008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0242849	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CONRADS, KULATZ 8330SE 3RD AVE SUITE 4R FT. LAUDERDALE, FL 33301
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**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**000000483378
04/11/06-80120-004 158.75**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEVINE, BARBARA 12160 OAK VISTA DRIVE BOYNTON BEACH, FL 33437
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

Barbara E. Levine
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 28, 06
Date

Daytime Phone #