


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M56874</b>	
1. Entity Name <b>CASUAL ENVIRONS, INC.</b>	

Principal Place of Business <b>1855 GRIFFIN RD. SUITE B-200 DANIA BEACH, FL 33004</b>	Mailing Address <b>1855 GRIFFIN RD. SUITE B-200 DANIA BEACH, FL 33004</b>
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01162006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2835323</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>CFRA LLC CORPORATE CENTER THREE AT INTL PLAZA 4221 W. BOY SCOUT BLVD, 10TH FLOOR TAMPA, FL 33607-5736</b>
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**DO NOT WRITE  
IN THIS SPACE**

6. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PAULEN, KEITH 12826 SW 104TH PLACE MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TDS PAULEN, JACQUES 3000 ISLAND BLVD APT #2202 MIAMI, FL 33160
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD PAULEN, LESLIE 5297 SW 34TH AVE FORT LAUDERDALE, FL 33312
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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04/19/06-80080-019 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information submitted 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 filers empowered.

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Certificate Number

*J.R. Pauley* SEC/Treas 4/2/06 954923-281