2006 FOR PROFIT CORPORATION . . ANNUAL REPORT

SIGNATURE: 1

Apr 13, 2006 08:00 AM Secretary of State DOCUMENT # P0000002175 ALAN, SEAN & KOULE, INC. Principal Place of Business Malling Address 461 NE 27TH ST. 461 NE 27TH ST. POMPANO BEACH, FL 33064-5431 US POMPANO BEACH, FL 33064-5431 US 01092006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number (65-0971598 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent BARON, RICHARD ESQ. DO NOT WRITE 501 NE 1ST AVENUE **SUITE 201** IN THIS SPACE MIAMI, FL 33132 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 little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 U00000506672 Trust Fund Contribution. Added to Fees |04/27/06-80031-016 150**.0**0 OFFICERS AND DIRECTORS 10. TITLE LYRAS, KOULE T NAME STREET ADDRESS 461 NE 27TH ST. CITY-ST-ZIP POMPANO BEACH, FL 330645431 TITLE NAME STREET ADDRESS CITY-ST-ZIP TALE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE 7371.5 STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZP 12. I hereby certify that the information supplied with this filling does not quality for the exemptions obtained 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 pli other like empowered.

O NAME OF SIGNING OFFICER OR DIRECTOR

FILED

4-10-06

954-650-4917

Davime Phone #