2006 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 13, 2006 8:00 am Secretary of State **DOCUMENT # P00000040377** 1. Entity Name 03-13-2006 90072 033 ***150.00 S.K. FRAMERS, INC. Principal Place of Business Mailing Address 10325 NW 6TH ST. 10325 NW 6TH ST. CORAL SPRINGS, FL 33071 CORAL SPRINGS, FL 33071 02122006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1009324 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KANTROWITZ, STEVEN DO NOT WRITE 10325 NW 6TH ST. CORAL SPRINGS, FL 33071 . -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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE KANTROWITZ, STEVEN NAME STREET ADDRESS 10325 NW 6TH ST: CITY-ST-ZIP CORAL SPRINGS, FL 33071 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIE

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 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 adjuster like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven Kantrowitz, Dir. Vy106 X 959-752-576

FILED