

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90017 039 ***150.00

DOCUMENT # P00000043514

1. Entity Name
ANYTHING, INC.



Principal Place of Business
**631 US HIGHWAY 1
SUITE 400
NORTH PALM BEACH, FL 33408**

Mailing Address
**631 US HIGHWAY 1
SUITE 400
NORTH PALM BEACH, FL 33408**

50004936



2. Principal Place of Business
631 US Highway 1
Suite, Apt. #, etc.
Suite 305

3. Mailing Address
631 US Highway 1
Suite, Apt. #, etc.
Suite 305

City & State
North Palm Beach, FL
Zip
33408

City & State
North Palm Beach, FL
Zip
33408

02062006 Chg-P CR2E034 (11/05)

4. FEI Number
65-1007089

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WHITE, JOHN II
1645 PALM BEACH LAKES BLVD.
SUITE 1200
WEST PALM BEACH, FL 33401**

7. Name and Address of New Registered Agent

Name
Gregory J. Fagan
Street Address (P.O. Box Number is Not Acceptable)
631 US Highway 1
Suite 305
City
North Palm Beach **FL** Zip Code
33408

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 of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/16/06
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 **D** ☐ Delete
NAME **FAGAN, GREGORY J**
STREET ADDRESS **631 US HIGHWAY 1, STE 400**
CITY-ST-ZIP **NORTH PALM BEACH, FL 33408**

TITLE **D** ☐ Delete
NAME **COLLINS, ROBERT J**
STREET ADDRESS **631 US HIGHWAY 1, STE 400**
CITY-ST-ZIP **NORTH PALM BEACH, FL 33408**

TITLE **D** ☐ Delete
NAME **FAGAN, EUGENE R**
STREET ADDRESS **631 US HIGHWAY 1, STE 400**
CITY-ST-ZIP **NORTH PALM BEACH, FL 33408**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **Gregory J Fagan**
STREET ADDRESS **631 US Highway 1, Ste 305**
CITY-ST-ZIP **North Palm Beach, FL 33408**

TITLE **D** ☒ Change ☐ Addition
NAME **Robert J. Collins**
STREET ADDRESS **631 US Highway 1, Ste 305**
CITY-ST-ZIP **North Palm Beach, FL 33408**

TITLE **D** ☒ Change ☐ Addition
NAME **Eugene R. Fagan**
STREET ADDRESS **631 US Highway 1, Ste 305**
CITY-ST-ZIP **North Palm Beach, FL 33408**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/06
Date

Daytime Phone #