

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2007 8:00 am**  
**Secretary of State**

03-14-2007 90047 019 \*\*\*150.00

<b>DOCUMENT # P00000047382</b>					
<b>1. Entity Name</b> ED SHEINGOLD, INC.					
<b>Principal Place of Business</b> 6373 NW 106TH TERRACE PARKLAND, FL 33076			<b>Mailing Address</b> 6373 NW 106TH TERRACE PARKLAND, FL 33076		
<b>2. Principal Place of Business - No P.O. Box #</b> 8065 NW 110th Dr.		<b>3. Mailing Address</b> 8065 NW 110th Dr			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> Parkland, FL		<b>City &amp; State</b> Parkland, FL		<b>4. FEI Number</b> 59-3648917	
<b>Zip</b> 33076		<b>Country</b> USA		<b>Applied For</b> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b> SHEINGOLD, ED 6373 NW 106TH TR PARKLAND, FL 33076			<b>7. Name and Address of New Registered Agent</b> Name: Sheingold, Ed Street Address (P.O. Box Number is Not Acceptable): 8065 NW 110th Dr City: Parkland FL Zip Code: 33076		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007: Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SHEINGOLD, ED 6373 NW 106TH TERRACE PARKLAND, FL 33076	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Sheingold, Ed 8065 NW 110th Dr Parkland, FL 33076	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>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.</b>					
<b>SIGNATURE:</b>		3/26/07 954-753-7932			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			