2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000087338

1. Entity Name
WEINRICH & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
6971 NORTH FEDERAL HIGHWAY 100 BOCA RATON, FL 33487	6971 NORTH FEDERAL HIGHWAY 100 BOCA RATON, FL 33487

DO NOT WRITE IN THIS SPACE

01112006   No Chg-P   CR2E034 (11/05)

4. FEI Number
65-1044250

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WEINRICH, KARL A
6971 NORTH FEDERAL HIGHWAY
SUITE 100
BOCA RATON, FL 33487

DO NOT WRITE
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)   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	01/20/06-80060-023 158.75

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	WEINRICH, KARL A
STREET ADDRESS	6971 NORTH FEDERAL HIGHWAY #100
CITY-ST-ZIP	BOCA RATON, FL 33487

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
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: _____   1-9-06   561994460
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #