2006 FOR PROFIT CORPORATION

FILED

ANNUAL REPORT			Apr 28, 2006 08:00 A Secretary of State		
MENT # P00000110	840			Sec	retary of State
ce of Business WPORT CENTER DRIVE, SUITE 206 BEACH, FL 33442.					
OO NOT WRITE	IN THIS SPA	CE	04212006 4. FEI Numb 65-106	No Chg-P er 52129	CR2E034 (11/05) Applied For Not Applicabl \$8.75 Additlonal Fee Required
AY R OFFICES AGE SQUARE CROSSING, STE ACH GARDENS, FL 33410	. 102B	ed office or registe	IN .	THIS SF	PACE
Signature, typed or printed name of registered agent ar	d title if applicable (NOTE Registers	od Agent signature requires	5 when reinstating)		DATE
.E NOW!!! FEE IS \$150.00 lay 1, 2006 Fee will be \$550.0					
VP KASSOF, LINDA 1350 E NEWPORT CENTER DR S DEERFIELD BEACH, FL 33442 D REIBLING, GUENTHER	STE 206			NOT W	
	MENT # P00001108 STMENTS, INC. The of Business WORT CENTER DRIVE, SUITE 206 BEACH, FL 33442 ON NOT WRITE 6. Name and Address of Current R AY R OFFICES GE SQUARE CROSSING, STE ACH GARDENS, FL 33410 The named entity submits this statement for the consumer of registered agent. Sugnature, typed or purited name of registered agent and the consumer of registered agent. FROM: Sugnature, typed or purited name of registered agent and the consumer of registered agent. OFFICERS AND D VP KASSOF, LINDA 1350 E NEWPORT CENTER DR S DEERFIELD BEACH, FL 33442 D REIBLING, GUENTHER 1350 EAST NEWPORT CENTER 1	MENT # P00000110840 STMENTS, INC. See of Business PORT CENTER DRIVE, SUITE 206 BEACH, FL 33442 DO NOT WRITE IN THIS SPA ON NOT WRITE IN THIS SPA 6. Name and Address of Current Registered Agent AY R OFFICES GE SQUARE CROSSING, STE. 102B ACH GARDENS, FL 33410 In named entity submits this statement for the purpose of changing its register itons of registered agent. Signature, typed or printed name of registered agent and title if applicable E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS VP KASSOF, LINDA 1350 E. NEWPORT CENTER DR STE 208 DEERFIELD BEACH, FL 33442 D REIBLING, GUENTHER 1350 EAST NEWPORT CENTER DR. SUITE 206	MENT # P00000110840 PSTMENTS, INC. Mailing Address POORT CENTER DRIVE, SUITE 206 SEACH, FL 33442 Mailing Address 1350 E. NEWPORT CENTER DRIVE, SUITE 206 DEERFIELD BEACH, FL 33442 DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent AY R OFFICES GE SQUARE CROSSING, STE. 102B ACH GARDENS, FL 33410 Intermed entity submits this statement for the purpose of changing its registered office or registerions of registered agent. Signature, typed or purited name of registered agent and total applicable FROM: FE IS \$150.00 BY P. Election Campaign Financing Trust Fund Contribution. OFFICERS AND DIRECTORS VP KASSOF, LINDA 1350 E NEWPORT CENTER DR STE 206 DEERFIELD BEACH, FL 33442 D REIBLING, GUENTHER 1350 EAST NEWPORT CENTER DR. SUITE 206	MENT # P00000110840 STMENTS, INC. Mailing Address 1350 E. NEWPORT CENTER DRIVE, SUITE 206 BEACH, FL 33442 DO NOT WRITE IN THIS SPACE O4212008 4. FEI Numb 65-106 5. Certificate 6. Name and Address of Current Registered Agent AY R OFFICES GE SQUARE CROSSING, STE. 102B ACH GARDENS, FL 33410 In americal entity submits this statement for the purpose of changing its registered office or registered agent, or both one of registered agent. Signature, lyred or printed name of registered agent and stift if aechtable PROWITE FE IS \$150.00 BY P KASSOF, LINDA 1350 E NEWPORT CENTER DR STE 208 DEERFIELD BEACH, FL 33442 D REIBLING, GUENTHER 1350 EAST NEWPORT CENTER DR. SUITE 206 DEERFIELD BEACH, FL 33442 D REIBLING, GUENTHER 1350 EAST NEWPORT CENTER DR. SUITE 206 DEERFIELD BEACH, FL 33442	Mailing Address 1350 E. NEWPORT CENTER DRIVE, SUITE 206 1350 E. NEWPORT CENTER DRIVE, SUITE 206 DEERFIELD BEACH, FL 33442 OA212006 No Chg-P 4. FEI Number 65-1062129 5. Certificate of Status Desired AY R OFFICES GE SQUARE CROSSING, STE. 102B ACH GARDENS, FL 33410 Trianmed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fictions of registered agent. Squalure, lyred or purises name of reposed agent and stife flacktable Property of the purpose of changing its registered office or registered agent, or both, in the State of Fictions of registered agent. Squalure, lyred or purises name of reposed agent and stife flacktable Property of the purpose of changing its registered office or registered agent, or both, in the State of Fictions of registered agent. Squalure, lyred or purises name of reposed agent and stife flacktable Property of the purpose of changing its registered office or registered agent, or both, in the State of Fictions of registered agent. Squalure, lyred or purises name of reposed agent and stife flacktable Property of the purpose of changing its registered office or registered agent, or both, in the State of Fictions of registered agent. Squalure, lyred or purises name of reposed agent and stife flacktable Property of the purpose of changing its registered office or registered agent, or both, in the State of Fictions of registered agent, or both, in the State of Fictions of registered agent. Squalure, lyred or purises name of reposed agent and stife flacktable Property of the purpose of changing its registered office or registered agent, or both, in the State of Fictions of the purpose of changing its registered agent. Squalure, lyred or purises name of registered agent. Property of the purpose of changing its registered office or registered agent, or both, in the State of Fiction Changing its registered office or registered agent, or both, in the State of Fiction Changing its registered agent.

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: _

STREET ADDRESS CHY-SI-ZIP TITLE

STREET ADDRESS CHY-SI-ZIP

> merce SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Linda G. Kassof

04/27/2006

(954) 428-4585

Date

Daytime Phone #