

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90124 006 ***150.00

DOCUMENT # P01000006850

1. Entity Name
 NEUERMAN & ASSOCIATES, INC.



Principal Place of Business: *SUITE 205*
 C/O DONALD B. NEUERMAN
~~17794 S.W. 2ND STREET~~
 PEMBROKE PINES, FL 33029
19620 PINES BLVD

Mailing Address
 C/O DONALD B. NEUERMAN
~~17794 S.W. 2ND STREET~~ *POB 820100*
 PEMBROKE PINES, FL 33029
SO. FLORIDA, FL 33082-0100



01172005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1069884	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NEUERMAN, DONALD B *SUITE 205*
~~17794 S.W. 2ND STREET~~ *19620 PINES BLVD*
 PEMBROKE PINES, FL 33029

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>P NEUERMAN</i> NEUERMAN, DONALD B <i>SUITE 205</i> 17794 SW 2ND ST <i>19620 PINES BLVD</i> PEMBROKE PINES, FL 33029
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Donald B. Neuerman Pres.</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Donald B. Neuerman* *1-18-05* *954 438-6570*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **DONALD B. NEUERMAN** Date: _____ Daytime Phone #: _____