2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006
Secretary of State

DOCUMENT# P01000035945

Entity Name: FUNERAL DEPOT INC.

Current Principal Place of Business:

403 E HALLANDALE BCH. BLVD
HALLANDALE, FL 33009 US

New Principal Place of Business:

7080 WEST STATE ROAD 84, STE 3
DAVIE, FL 333177368 US

Current Mailing Address:

403 E HALLANDALE BCH. BLVD
HALLANDALE, FL 33009 US

New Mailing Address:

7080 WEST STATE ROAD 84, STE 3
DAVIE, FL 333177368 US

FEI Number: 65-1149744 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DEAN, MAGLIOCCA
317 SE 6TH ST
DANIA, FL 33004 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PS ( ) Delete
Name: DEAN, MAGLIOCCA
Address: 403 E. HALLANDALE BCH. BLVD
City-St-Zip: HALLANDALE, FL 33009 US

Title: VP ( ) Delete
Name: MOODY, CHRIS
Address: 1737 NE 15 STREET
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: S ( ) Delete
Name: GROSSMAN, DAVID
Address: 3919 WEST HIBISCUS
City-St-Zip: WESTON, FL 33332

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change ( ) Addition
Name: DEAN, MAGLIOCCA
Address: 7080 WEST STATE ROAD 84, STE 3
City-St-Zip: DAVIE, FL 333177368 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH DEAN MAGLIOCCA P 01/17/2006
Electronic Signature of Signing Officer or Director Date