2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 17, 2006 8:00 am Secretary of State DOCUMENT # P01000066359 1. Entity Name 03-17-2006 90123 025 ***150 00 CORNICHE # FIVE. INC. Principal Place of Business Mailing Address 550 PHILLIPS DR. 550 PHILLIPS DR. 4111 BOCA RATON, FL 33432 BOCA RATON, FL 33432 03142006 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For FE! Number 65-<u>1</u>122378 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE CENTRONE, MARJORIE 550 PHILLIPS DR. BOCA RATON, FL 33432 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME CENTRONE, MARJORIE 550 PHILLIPS DR. STREET ADDRESS BOCA RATON, FL 33432 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - 7IP

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 withyan address, with all other like empowered.

ED NAME OF SIGNING OFFICER OR DI

FILED