## ^ 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** May 01, 2006 08:00 AN Secretary of State DOCUMENT # P01000091060 PLAZA 85, INC. Principal Place of Business Mailing Address 85 SE 4TH AVENUE, SUITE 101 85 SE 4TH AVENUE, SUITE 104 DELRAY BEACH, FL 33483 DELRAY BEACH, FL 33483 No Chg-P 04242006 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. EE! Number Applied For 65-1139101 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HILSMAN, CHRISTINA DO NOT WRITE 85 SE 4TH AVENUE, SUITE 104 DELRAY BEACH, FL 33483 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 obligation uman registered agent and title it applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 $\Box$ Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE BREWER, GEORGE NAME STREET ADDRESS 85 SE 4TH AVENUE, SUITE 101 City-St-ZiP DELRAY BEACH, FL 33483 TITLE NAME U00000557387 05/17/06-80048-012 150.00 STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling 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 of 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. George Brewer

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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

Cavime Phone #