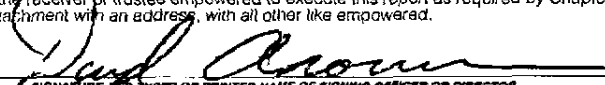


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000015616			
1. Entity Name DAVID ARONSON, INC.			
Principal Place of Business 4860 ROTHSCHILD DR CORAL SPRINGS, FL 33067	Mailing Address 4860 ROTHSCHILD DR CORAL SPRINGS, FL 33067		
DO NOT WRITE IN THIS SPACE			
		03222006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 80-0037405	Applied For Not Applicable
		5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent ARONSON, DAVID 4860 ROTHSCHILD DR CORAL SPRINGS, FL 33067		DO NOT WRITE 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 obligations of registered agent.			
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11011001496167 04/22/06-80002-008 150.00 DO NOT WRITE IN THIS SPACE	
TITLE	D		
NAME	ARONSON, DAVID		
STREET ADDRESS	4860 ROTHSCHILD DR		
CITY- ST- ZIP	CORAL SPRINGS, FL 33067		
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
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: 		4/4/06 954-255-1655	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	