

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2006 DEC -4 PM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



12012006 Chg-P CR2E034 (11/05)

4. FEI Number 03-0392759 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHULMAN, BERNARD
1865 SW 4TH AVE.
D-5A
DELRAY BEACH, FL 33444

7. Name and Address of New Registered Agent

Name JAMES ARNOTT
Street Address (P.O. Box Number is Not Acceptable)
15 NW 17TH COURT
City DELRAY BEACH FL Zip Code 33444

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] DATE 12-1-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25

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

10. OFFICERS AND DIRECTORS

TITLE VPST ☒ Delete
NAME SHULMAN, BERNARD
STREET ADDRESS 4001 N. OCEAN DRIVE #1104
CITY-ST-ZIP BOCA RATON, FL 33481

TITLE P ☐ Delete
NAME PINDER, WILLIAM W
STREET ADDRESS 700 NE 70 ST
CITY-ST-ZIP BOCA RATON, FL 33487

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VPST ☐ Change ☒ Addition
NAME JAMES ARNOTT
STREET ADDRESS 15 NW 17TH COURT
CITY-ST-ZIP DELRAY BEACH, FL 33444

TITLE P ☐ Change ☐ Addition
NAME WILLIAM W PINDER
STREET ADDRESS 700 NE 70 ST
CITY-ST-ZIP BOCA RATON, FL 33487

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
000082264740
12/04/06--01063--009 **\$61.25

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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: William W Pinder WILLIAM W. PINDER 12/1/06 561-703-6946
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

12/5/06