


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 27, 2006 08:00 AM
Secretary of State**

DOCUMENT # P02000052364 1. Entity Name LIST STRATEGIES SOUTH, INC.	
---	---

Principal Place of Business 141 FIFTH AVE 7TH FLOOR NEW YORK, NY 10010	Mailing Address 141 FIFTH AVENUE 7TH FLOOR NEW YORK, NY 10010
---	--



01122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 41-1536626	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GRANAT, MITCHELL ESQ. 1215 SE 2 AVENUE #201 FORT LAUDERDALE, FL 33316
--

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 _____ U00000402639
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 02/03/06-80016-006 150.00
DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD COOPER, JOEL 141 FIFTH AVENUE #7TH FLOOR NEW YORK, NY 10010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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:  1/18/06 212/717-1006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #