2006 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 13, 2006 08:00 AM **Secretary of State** DOCUMENT # P02000079162 A.E. LAUFER FINANCIAL SERVICES, INC. Principal Place of Business Mailing Address 1451 W. CYPRESS CREEK RD. 1451 W. CYPRESS CREEK RD. SUITE 300 SUITE 300 FORT LAUDERDALE, FL 33309 FORT LAUDERDALE, FL 33309 03092008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 82-0554968 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LAUFER, ALLAN E DO NOT WRITE 1451 W. CYPRESS CREEK RD. SUITE 300 IN THIS SPACE FORT LAUDERDALE, FL 33309 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 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME LAUFER, ALLAN F. STREET ADDRESS 1451 W. CYPRESS CREEK RD. CITY-ST-ZIP FORT LAUDERDALE, FL 33309 U00000464546 03/21/06-80120-006 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP IID F NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 it 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:

NAME STREET ADDRESS CITY-ST-ZIP DILE MAME STREET ADDRESS CITY-ST-70P

ALLAN E. LAUFER

6ه-8-3

954-928-2850

FILED