


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 13, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000096502</b>	
<b>1. Entity Name</b> HANKOFF INCORPORATED	

<b>Principal Place of Business</b> 6877 SUN RIVER ROAD BOYNTON BEACH, FL 33437	<b>Mailing Address</b> 6877 SUN RIVER ROAD BOYNTON BEACH, FL 33437
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01302006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 51-0425929	<b>Applied For</b> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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**6. Name and Address of Current Registered Agent**

HANKOFF, JOSEPH J  
6877 SUN RIVER ROAD  
BOYNTON BEACH, FL 33437

**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 re-registering) **DATE** \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

000000463237  
03/21/06-80048-025 150.00

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>P</b>
<b>NAME</b>	HANKOFF, JOSEPH J
<b>STREET ADDRESS</b>	6877 SUN RIVER ROAD
<b>CITY - ST - ZIP</b>	BOYNTON BEACH, FL 33437
<b>TITLE</b>	<b>S</b>
<b>NAME</b>	HANKOFF, MILDRED J
<b>STREET ADDRESS</b>	6877 SUN RIVER RD
<b>CITY - ST - ZIP</b>	BOYNTON BEACH, FL 33437
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	

**DO NOT WRITE  
IN THIS SPACE**

**SIGN  
HERE**

**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:**

*Joseph J. Hankoff*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH J. HANKOFF 3/11/06 561-329-5894

Date

Daytime Phone #