2006 FOR PROFIT CORPORATION

Jan 31, 2006 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # P02000131695 BEINER, NUSSBAUM & LEBLANC, P.A. Principal Place of Business Mailing Address 2000 GLADES RD. 2000 GLADES RD. BOCA RATON, FL 33431 BOCA RATON, FL 33431 No Chg-P CR2E034 (11/05) 01052006 DO NOT WRITE IN THIS SPACE 4. FE! Number Applied For 35-2191537 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BEINER, STEPHEN F DO NOT WRITE 2000 GLADES RD. BOCA RATON, FL 33431 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. (NOTE: Registered Agent signature required when reinstating) DATE Signature, lyped or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE BEINER, STEPHEN F NAME STREET ADDRESS 2000 GLADES RD. CITY-ST-ZIP BOCA RATON, FL 33431 TITLE 000000408456 02/08/06-80059-016 150.00 NAME NUSSBAUM, HARVEY A STREET ADDRESS 2000 GLADES RD CITY-ST-ZIP BOCA RATON, FL 33431 TITLE LEBLANC, ROBIN B NAME STREET ADDRESS 2000 GLADES RD. DO NOT WRITE BOCA RATON, FL 33431 CITY-SI-ZIP IN THIS SPACE TITLE 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 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: _

NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

26/06

561-750-1800

Daytime Phone #

FILED