2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000030137

1. Entity Name
CONRAD BUSINESS SOLUTIONS, INC.

Principal Place of Business	Mailing Address
6101 FALCONSGATE AVE DAVIE, FL 33331	6101 FALCONSGATE AVE DAVIE, FL 33331

DO NOT WRITE IN THIS SPACE

05012006   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
14-1875572		Not Applicable

5. Certificate of Status Desired   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CONRAD, RUTH
6101 FALCONSGATE AVENUE
DAVIE, FL 33331

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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 _Ruth Conrad_

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)

DATE 4/25/06

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

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

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10. OFFICERS AND DIRECTORS

TITLE	DPST
NAME	CONRAD, RUTH
STREET ADDRESS	6101 FALCONSGATE AVE
CITY-ST-ZIP	DAVIE, FL 33331
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/20/06-80031-013 158.75

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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: _Ruth Conrad_   4/25/06   954-689-0973

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #