


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 20, 2006 8:00 am**  
**Secretary of State**

02-20-2006 90032 004 \*\*\*150.00

<b>DOCUMENT # P03000050760</b>	
1. Entity Name <b>THE FORECLOSURE CLINIC, INC.</b>	

Principal Place of Business <b>C/O KENT HUFFMAN ESQ 350 ROYAL PALM WAT STE 409 PALM BEACH, FL 33480</b>	Mailing Address <b>C/O KENT HUFFMAN ESQ 350 ROYAL PALM WAT STE 409 PALM BEACH, FL 33480</b>
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01092006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-0353791</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  <b>HUFFMAN, KENT ESQ 350 ROYAL PALM WAY STE 409 PALM BEACH, FL 33480</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PASHKOW, JEFFREY 16059 E. GLASGOW DR. LOXAHATCHEE, FL 33470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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<b>DO NOT WRITE IN THIS SPACE</b>
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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: Jeffrey J. Pashkow Jeffrey J. Pashkow 2-9-06 561-588-4357  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

ATTACHMENT

KENT HUFFMAN

ATTORNEY AT LAW

350 ROYAL PALM WAY - SUITE 409  
PALM BEACH, FLORIDA 33480

TELEPHONE (561) 833-5833

FAX (561) 835-0855

huffmank@bellsouth.net

~~January 9~~, 2006

FEB 15,

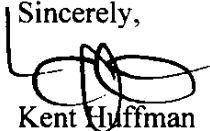
Secretary of State  
Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: THE FORECLOSURE CLINIC, INC.

Dear Sirs:

Accompanying this letter you will find the 2005 UNIFORM BUSINESS REPORT of the above referenced corporation, and a check in the amount of \$150.00, payable to the DEPARTMENT OF STATE to cover your fee for this filing.

Sincerely,



Kent Huffman

KH/mac