## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P03000051176

1. Entity Name

ATTENTUS INVESTMENT GROUP, INC.



FILED Mar 01, 2006 08:00 AN Secretary of State

Principal Place of Business

SIGNATURE:

931 SW 35TH COURT BOYNTON BEACH, FL 33435 Mailing Address

931 SW 35TH COURT BOYNTON BEACH, FL 33435



## DO NOT WRITE IN THIS SPACE

02262006 No Chg-P

CR2E034 (11/05)

4. FEI Number 05-0568093

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ATTENTUS INVESTMENT GRP., INC. 931 SW 35TH COURT BOYNTON BEACH, FL 33435

## DO NOT WRITE IN THIS SPACE

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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						
Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating)  DATE						
FILE NOW!!! FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign Finan  Trust Fund Contribution.			~	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TAPIE, ALEXANDER 931 SW 35TH CT BOYNTON BEACH, FL 33435				1100000451913 03/11/06-80005-021 1	· —
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TAPIE, SHARYN 931 SW 35TH CT BOYNTON BEACH, FL 33435				03/11/06-8(005-021 )	150.00
TITLE	PD					
NAME	WISMANN, ANNE		1		_	
STREET ADDRESS	931 SW 35TH CT			no	NOT WRITE	
CHY-ST-ZIP	BOYNTON BEACH, FL 33435			טט	MOI ANVILE	
TITLE NAME STREET ADDRESS CITY-SI-ZIP				IN <sup>-</sup>	THIS SPACE	
TITLE						
NAME						
STREET ADDRESS						
CITY - ST - ZIP						
TITLE						
NAME						
STREET ADDRESS CITY - ST - ZIP						
12. Thereby 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 eath, that I am an officer or director of the corporation or the receiver for 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.						

SIGNING OFFICER OR DIRECTOR