

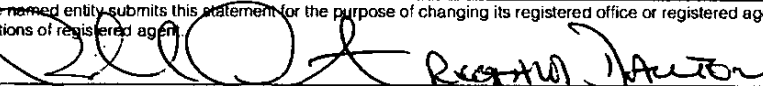
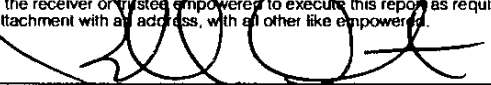


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90203 045 ***158.75

DOCUMENT # P03000070980 1. Entity Name ANTIQUE ALLEY, INC.					
Principal Place of Business 350 S COUNTY RD STE 201 PALM BEACH, FL 33480				Mailing Address 350 S COUNTY RD STE 201 PALM BEACH, FL 33480	
2. Principal Place of Business 225 SOUTH OLIVE AVE Suite, Apt. #, etc.		3. Mailing Address 225 SOUTH OLIVE AVE Suite, Apt. #, etc.			
City & State WEST PALM BEACH, FL Zip 33401 Country USA		City & State WEST PALM BEACH, FL Zip 33401 Country USA		4. FEI Number 65-7230515 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				01112006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent DANTON, RICHARD 350 SOUTH COUNTY ROAD SUITE 201 PALM BEACH, FL 33480				7. Name and Address of New Registered Agent Name DANTON, RICHARD Street Address (P.O. Box Number is Not Acceptable) 225 SOUTH OLIVE AVENUE City WEST PALM BEACH FL Zip Code 33401	
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:  RICHARD DANTON Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when re-registering) DATE: 1-11-06					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DANTON, RICHARD 350 S COUNTY RD STE 201 PALM BEACH, FL 33480 SAME AS ABOVE	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DANTON, RICHARD 225 SOUTH OLIVE AVENUE WEST PALM BEACH, FL 33401 Change	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BURAUOFF, JOSEPH 350 S COUNTY RD STE 201 PALM BEACH, FL 33480 SAME AS ABOVE	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BONAKOFF JOSEPH 225 SOUTH OLIVE AVENUE WEST PALM BEACH, FL 33401 Change	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 an other like empowered.					
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			1-11-06 Date		
561-802-4220 Daytime Phone #			561-802-4220		