2006 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P03000097257



FILED Apr 28, 2006 8:00 am Secretary of State 04-28-2006 90197 012 ***150.00

## A500 PCA BLYD STE 207 PALM BEACH CARDENS, FL 33418 ## A500 PCA BLYD, SUITE 207 PALM BEACH CARDENS, FL 33418 ## A500 PCA BLYD, SUITE 207 PALM BEACH CARDENS, FL 33418 ## A500 PCA BLYD, SUITE 207 PALM BEACH CARDENS, FL 33418 ## A500 PCA BLYD, SUITE 207 PALM BEACH CARDENS, FL 33418 ## A500 PCA BLYD, SUITE 207 PALM BEACH CARDENS, FL 33418 ## A500 PCA BLYD, SUITE 207 PALM BEACH CARDENS, FL 33418 ## A500 PCA BLYD, SUITE 207 PALM BEACH CARDENS,	NORTH C	COUNTY HOLDINGS, INC.									
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State A. FEI Number	4500 PGA BLVD STE 207 4500 PGA BLVD S										
City & State	2. Principal P	ace of Business	3. Mailing Address	. Mailing Address							
Zip Country Zip Country 5. Contrictate of Status Desired 5. 75. Additional Fee Required	Suite, Apt. #, etc.		Suite, Apt. #, etc.			03222006	Chg-P	CR2E03	4 (11/05)		
S. Certificate of Status Desired	City & State		City & State			l			<u> </u>	<u>' </u>	
Name Street Address (P.O. Box Number is Not Acceptable)	Zip	Country	Zip	Country		5. Certificate of	of Status Desired				
BRANDT, PHILLIP Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)	Name and Address of Current Registered Agent										
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)	RRANDT PHILLIP				Name						
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signatura, toted or proted mane of registered agent and life if applicable. INCTE Registered Agent sorprasure registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signatura, toted or proted mane of registered agent and life if applicable. INCTE Registered Agent sorprasure registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Incte	4500 PGA BLVD STE 207			Street A	Street Address (P.O. Box Number is Not Acceptable)						
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Ricrida. I am familiar with, and accept the obligations of registered agent. Comparison of registered agent or both, in the State of Ricrida. I am familiar with, and accept the obligations of registered agent.								FI	Zip Code	0	
SIGNATURE Signature, hybeid or prised name of registered agent and life if applicable. (NOTE Registered Agent signature required when noneasing) DATE	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										
Signature, Systed or protect frame of registered agent and the # apolicable. (NOTE. Registered Agent suprature required whom removability) Title NOWIII FEE IS \$150.00	and designations of regions of ognition										
After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. □ Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 IIILE WAWE STREET ADDRESS CITY-S1-ZPP PALM BEACH GARDENS, FL 33418 IIILE DV GALUI, JUDITH M STREET ADDRESS CITY-S1-ZPP STEPHANOS, DIANE L STREET ADDRESS ST	SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
TITLE MAME STREET ADDRESS GITY-ST-2PP PALM BEACH GARDENS, FL 33418 TITLE DV MAME STREET ADDRESS GITY-ST-2PP PALM BEACH GARDENS, FL 33418 TITLE DV MAME GALUI, JUDITH M STREET ADDRESS GITY-ST-2PP STEPHANOS, DIANE L STREET ADDRESS GITY-ST-2PP STEPHANOS, DIANE L STREET ADDRESS GITY-ST-2PP TITLE MAME STREET ADDRESS GITY-ST-2PP TITLE MAME STREET ADDRESS GITY-ST-2PP TO Belete TITLE MAME STREET ADDRESS GITY-ST-2PP TO BELET ADDRESS GITY-ST-2PP TO											
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TITLE DV Delete DV MAME GALUI, JUDITH M STREET ADDRESS ADDRE	NAME STREET ADDRESS	BRANDT, PHILLIP 4500 PGA BLVD STE 207		NAME STREET ADDRESS					∐ Change	☐ Addition	
NAME STEPHANOS, DIANE L 19542 HARBOR ROAD TEQUESTA, FL 33469 TITLE NAME FLOYD, CATHY A STREET ADDRESS CITY-ST-ZIP TEQUESTA, FL 33469 TITLE STDV FLOYD, CATHY A STREET ADDRESS CITY-ST-ZIP TEQUESTA, FL 33469 TITLE STDV NAME STREET ADDRESS CITY-ST-ZIP TEQUESTA, FL 33469 TITLE DV NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS, FL 33410 TITLE NAME STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS, FL 33410 TITLE NAME STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS, FL 33410 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	DV GALUI, JUDITH M 8217 STEEPLECHASE DR.	☐ Delete	NAME STREET ADDRESS	Galu 4500	PGA Blvd.		·	√∏ Change	Addition	
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NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	DIVOSTA, GUY M 2523 BURNS ROAD		NAME STREET ADDRES\$	DiVo 4500	PGA Blvd.	, Suite 207	•	√∑ Change	☐ 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	NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP					_ •		

indicated on this report of supplemental report is frue and accurate and 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: