2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2006 8:00 am Secretary of State 05-02-2006 90168 020 ***150.00

| DOCUMENT # P03000097820 1. Entity Name FRIEDRICH'S & CAMPBELL CORPORATION | | | | | | U3-U2-2006 - | 90168 020 ***** | 130.00 |
|--|---|--|---|--|--|--|--|--|
| Principal Plac 1037 OKEEC WEST PALM | 80 | | | , | | | | |
| Principal Place of Business | | | +++ | | | | | |
| 328 WORTH AVENUE Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 04252006 | Chg-P | CR2E034 (11/0 | , 110-11 (7 (00) |
| City & State | | City & State | | | 4. FEI Number | | CN2EU34 (TIA | Applied For |
| Polm Beach, Fr | | | | | 20-0229 | | | Not Applicable |
| Zip Country _ Country _ Country | | Zip Country | | | -5Certificate of | of Status Desired | \$8.75 Fee'Req | Additional ulred — |
| | 6. Name and Address of Curren | Registered Agent | Name | | 7. Name and | Address of New I | Registered Agent | |
| PAULICK, BRIGITTE 328 WORTH AVENUE PALM BEACH, FL 33480 | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| | | | Cily | | | | FL Zip C | Code |
| | named entity submits this statement fions of registered agent. | or the purpose of changing its | registered office or | register | ed agent, or both | , in the State of Fl | | ith, and accept |
| SIGNATURE_ | | | | | Ji iiiili | | | |
| | Signature, typed or printed name of registered age: | | E. Registered Agent signat | | when ranslating) | | DATE | |
| | E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550. | 9. Election Campa Trust Fund Conf | | | 00 May Be ed to Fees | | | |
| 10. | OFFICERS AND | 11. | | ADDITIONS/C | HANGES TO OFF | ICERS AND DIRECT | | |
| NAME STREET ADDRESS CITY-ST-ZIP | PSD PAULICK, BRIGITTE 1037 OKEECHOBEE ROAD UN WEST PALM BEACH, FL 3340 | | THLE NAME STREET ADDRESS CHY-ST-ZIP | | | Nenue h, Fl 33 | X Chani SY 80 | ge 🔲 Addition |
| NAME STREET ADDRESS CITY-ST-ZIP | VTD KOZLOWSKI, DIANE D 1037 OKEECHOBEE ROAD UN WEST PALM BEACH, FL 3340 | | TITLE NAME STREET ADDRESS CITY ST ZIP | | 8 Worth | wenue ch, fla | (X) Chan | ge 🔲 Addition |
| TITLE NAME STREET ADDRESS CITY-ST ZIP | | C Delote | TITLE NAME STREET ADDRESS CITY-ST ZIP | 7 | | | ☐ Chan | ge 🔲 Addition |
| TITLE NAME STREET ADDRESS CREY-SE-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | Chane | gs Addition |
| THUE NAME STREET ADDRESS CHY-ST-ZIP | | ☐ Delete | NAME STREET ADDRESS CITY-ST-ZIP | | | | ☐ Chani | ge 🗌 Addilion |
| THE NAME STREET ADDRESS CITY-ST-ZIP | | □ Delete | NAME STREET ADDRESS CHY-S1-ZIP | | | | ☐ Chan | ge 🔲 Addilion |
| 12. I hereby of indicated of the cor | certify that the information supplied wit on this report or supplemental report poration or the receiver or trustee emp | h this filing does not qualify to s true and accurate and that report sowered to execute this report | or the exemptions c my signature shall h as required by Cha | ontained ave the s pter 607 | in Chapter 119, same legal effect . Florida Statutes | Florida Statutes. as if made under and that my nam | I further certily that th oath; that I am an offi ne appears in Block 19 | e information cer or director 0 or Block 11 if |