2006 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 17, 2006 08:00 AM **DOCUMENT # P03000114973** Secretary of State KOTZEN MANAGEMENT, INC. Mailing Address Principal Place of Business 200 BUTLER STREET STE 303 200 BUTLER STREET STE 303 WEST PALM BEACH, FL 33407 WEST PALM BEACH, FL 33407 No Cha-P CR2E034 (11/05) 01092006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0597888 Not Applicab \$8.75 Additional Certificate of Status Desired 6. Name and Address of Current Registered Agent KOTZEN, JEFFREY H DO NOT WRITE 200 BUTLER STREET STE 303 IN THIS SPACE WEST PALM BEACH, FL 33407 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 access tions of registered a SIGNATURE (NOTE Registered Agent signature required when relinstating) DATE Signature, typed or printed ed agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be H000003866558 FILE NOW!!! FEE IS \$150.00 -020 150.00 Trust Fund Contribution Added to Fees After May 1, 2006 Fee will be \$550.00 10. DCEO TITLE KOTZEN, JEFFREY H NAME 200 BUTLER STREET STE 303 STREET ADDRESS CRY-ST-ZIP WEST PALM BEACH, FL 33407 TITLE NAME STREET ADDRESS CITY-ST-ZIP NTLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS

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 informindicated 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 direct 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

FILED

Daytime Phone #