

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000126959

1. Entity Name
 PAUL-LOFT, INC.



Principal Place of Business
 2875 N.E. 191 STREET
 SUITE 404
 AVENTURA, FL 33180

Mailing Address
 2875 N.E. 191 STREET
 SUITE 404
 AVENTURA, FL 33180



01062006 No Chg-P CR2E034 (11/05)

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4. FEI Number
 20-0856766 Applied For
 Not Applicat

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

REINHARD, SANFORD N
 2875 N.E. 191 STREET
 SUITE 404
 AVENTURA, FL 33180

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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 Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|----------------------------------|
| TITLE | D |
| NAME | REINHARD, SANFORD N |
| STREET ADDRESS | 2875 N.E. 191 STREET SUITE 404 |
| CITY-ST-ZIP | AVENTURA, FL 33180 |
| TITLE | D |
| NAME | GOLDLIST, BARRY GORDON |
| STREET ADDRESS | 138 GREY RD |
| CITY-ST-ZIP | TORONTO, ONTARIO CANADA, m5m 4g1 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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 03/22/06-80017-009 150.00

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

SIGNATURE: BARRY G. GOLDLIST 1/26/06 416 822 8792
SIGNATURE OR TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone if