


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90044 034 ***150.00

| | | | |
|---|---------------------------------|--|---|
| DOCUMENT # P03000150783 | |  | |
| 1. Entity Name BLACKFOREST FAUX CREATIONS, INC | | | |
| Principal Place of Business 1100 VIA LUGANO CIRCLE APT 104 BOYNTON BEACH FL 33436 US | | Mailing Address 1100 VIA LUGANO CIRCLE APT 104 BOYNTON BEACH FL 33436 US | |
| 2. Principal Place of Business 12004 MYRTLE OAK COURT Suite, Apt. #, etc. | | 3. Mailing Address 12004 MYRTLE OAK COURT Suite, Apt. #, etc. | |
| City & State PALM BEACH GARDENS | | City & State PALM BEACH GARDENS | |
| Zip 33410 | Country Palm Beach | Zip 33410 | Country Palm Beach |
| 6. Name and Address of Current Registered Agent MAYER, WOLFGANG 1100 VIA LUGANO CIRCLE APT 104 BOYNTON BEACH FL 33436 | | 7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____ | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____ | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | | 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 P | <input type="checkbox"/> Delete | TITLE P | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME MAYER, WOLFGANG | | NAME MAYER WOLFGANG | |
| STREET ADDRESS 1100 VIA LUGANO CIRCLE APT 104 | | STREET ADDRESS 12004 MYRTLE OAK COURT | |
| CITY-ST-ZIP BOYNTON BEACH FL 33436 | | CITY-ST-ZIP PALM BEACH GARDENS FL 33410 | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/06

Date

561-775-6333

Daytime Phone #