FILED Mar 30, 2006 8:00 am Secretary of State

2006 FOR PROFIT CORPORATION ANNUAL REPORT | Mar 30, 2006 8:00 | Secretary of State | O3-30-2006 90031 003 ***150.00 | O3-30-2006 90031 | O3-30-2006 | O3-30-2006 | O3-30-2006 | O3-

DOCUMENT # P03000152987 1. Entity Name MARTY ROCHKIND, INC.						03-30-2006 90031 003 ***150.00					
Principal Place of Business 1433 CITRUS STREFT CLEARWATER, FL 33756 Mailing Address 1433 CITRUS ST CLEARWATER, FL									0073	1881 11 1881	
2. Principal Place of Business 1233 Royal OAK DR 1233 Royal OK Suite, Apt. #, etc. 3. Mailing Address 1233 Royal OK Suite, Apt. #, etc.					- 1	3122006	Chg-P	(#1 (144) 4(114)	34 (11/05)		
City & State		City & State PHNEDM	PUNEDA FL			. FEI Numbe			<u> </u>	plied For t Applicable	
Zip 34698 Country U.S		Zig 4698 Count			5. Certificate of Status Desired			\$8.75 Additional Fee Required			
Name and Address of Current Registered Agent Name						7. Name and Address of New Registered Agent					
ROCHKIND, MARTIN -1433 GITRUS STREET -CLEARWATER, FL 33756					Street Address (P.O. Box Number is Not Acceptable)						
8. The above named entity submits this statement for the purpose of changing its registered office or registered ag							h, in the State of Fi	FL orida. I am	-Zip Code 346 familiar with,	98 and accept	
the obligations of registered agent. SIGNATURE Signature and fine of registered agent and file if applicable (NOTE Registered Agent agrature required when reinstating) DATE											
						May Be to Fees					
10.	OFFICERS AND D	I DIRECTORS	11.		,	ADDITIONS/	CHANGES TO OF	FICERS AND	DIRECTORS	S IN 11	
THTLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD ROCHKIND, MARTIN 1433 GITRUS STREET GLEARWATER, FL. 33756	☐ Delete	1	.	123 DUN	3 Roy	12/ 0AX	L DR HAR	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROCHKIND, SHARON 1433 CITRUD STREET CLEARWATER, FL. 33756	☐ Defete		E ET ADDRESS /	1233	Roy.	12/04k 1/04k 1/04k	DRIVE	Change	☐ Addition	
ITILE NAME STREET ADDRESS CITY-ST-ZIP		/ Delete		:					Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		. Delete		I					☐ Change	Addition	
TITLE NAME STREET ADDRESS CHY-ST-ZIP		☐ Delete							Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete							☐ Change	Addition	
indicated of the cor	certily that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor , or on an attachment with an address, w	true and accurate and that r wered to execute this report	my signa: : as requi	ture shall have	ve the sam	ne legal effec	t as if made under	oath: that Li	am an officer.	or director	