2006 FOR PROFIT CORPORATION

SIGNATURE:

Apr 07, 2006 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P04000001315** 04-07-2006 90039 036 ***150.00 1. Entity Name STANLEY ROTHMAN, INC. Principal Place of Business Mailing Address 50010065 6663 N.W. 25TH TERRACE 6663 N.W. 25TH TERRACE BOCA RATON, FL 33496 BOCA RATON, FL 33496 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03312006 CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 03-0534605 Not Applicable Zip Zip \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROSENBLUM, MARVIN Street Address (P.O. Box Number is Not Acceptable) 2473 NW 64 ST BOCA RATON, FL 33496 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Trust Fund Contribution After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE Change NAME ROTHMAN, STANLEY NAME 6663 N.W. 25TH TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33496 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME ROTHMAN, PHYLLIS NAME STREET ADDRESS 6663 N.W. 25TH TERRACE STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33496 CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY: ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 if changed, or on an attachment with an address, with all other like empowered.

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