2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jan 17, 2006 08:00 AM **Secretary of State** DOCUMENT # P04000014594 EDWARD D. POPKIN, P.A. Principal Place of Business Mailing Address THE PLAZA STE 801 THE PLAZA STE 801 5355 TOWN CENTER RD 5355 TOWN CENTER RD BOCA RATON, FL 33486 BOCA RATON, FL 33486 No Chg-P CR2E034 (11/05) 01122006 DO NOT WRITE IN THIS SPACE 4. EEL Number Applied For 20-0607949 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent POPKIN, EDWARD D DO NOT WRITE THE PLAZA STE 801 5355 TOWN CENTER RD IN THIS SPACE BOCA RATON, FL 33486 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. FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 10. TITLE POPKIN, EDWARD D NAME 5355 TOWN CENTER RD STREET ADDRESS BOCA RATON, FL 33486 CITY-ST-ZIP TITLE U00000387352 01/19/06-80036-014 150.00 NAME STREET ADDRESS CITY-SY-ZIP $\pi\pi$ NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 cath; that I am an officer or director of the corporation or the receiver of 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 attackment with any address; with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRE

FILED