

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90430 045 \*\*\*150.00

40080353



04202006 Chg-P CR2E034 (11/05)

4. FEI Number 20-0629212 Applied For Not Applicable

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

## 6. Name and Address of Current Registered Agent

IVESTER, STEVEN  
12330 SW 53RD ST.  
STE. 712  
FORT LAUDERDALE, FL 33330

## 7. Name and Address of New Registered Agent

Name B. Michael Adler  
Street Address (P.O. Box Number is Not Acceptable)  
12330 S.W. 53rd Street  
Suite 712  
City Ft. Lauderdale FL Zip Code 33330

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 *B. Michael Adler*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/06

**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 ☒ Delete  
NAME IVESTER, STEVEN  
STREET ADDRESS 12330 SW 53RD ST, STE. 712  
CITY - ST - ZIP FORT LAUDERDALE, FL 33330

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D/CEO/Chairman/P/S/T ☒ Change ☐ Addition  
NAME Adler, B. Michael  
STREET ADDRESS 12330 S.W. 53rd Street  
CITY - ST - ZIP

TITLE Suite 712 ☐ Change ☐ Addition  
NAME  
STREET ADDRESS Ft. Lauderdale, FL 33330  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

SIGNATURE: *B. Michael Adler* B. Michael Adler  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/06 (954)434-2000  
Date Daytime Phone #