## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 24, 2006 08:00 AN Secretary of State DOCUMENT # P04000041723 THE PEOPLE'S CHOICE OF PALM BEACH COUNTY, INC. Principal Place of Business Mailing Address 5190 LAS VERDES CIR #207 5190 LAS VERDES CIR #207 DELRAY BEACH, FL 33484 DELRAY BEACH, FL 33484 CR2E034 (11/05) 04142006 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0826446 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent EPSTEIN, HERBERT DO NOT WRITE 5190 LAS VERDES CIR #207 DELRAY BEACH, FL 33484 IN THIS SPACE 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. Signalure, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME WEITZ, JAY STREET ADDRESS 11175 ASPEN GLEN DRIVE U00000527102 QS/04/06-80099-017 150.00 CITY-ST-ZIP BOYNTON BEACH, FL 33437 TITLE NAME EPSTEIN, HERBERT 5190 LAS VERDES CIRCLE, # 207 STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL 33484 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME

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 it 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: (

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CUTY-ST-7IP

561-496-2083