## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 01, 2006 08:00 AM Secretary of State

DOCUMENT # P04000044281  1. Entity Name SAMUEL A. NAPPO INC			Secretary of State	
18428 ALYE	Principal Place of Business Mailing Address  18428 ALYDAR WAY 18428 ALYDAR WAY BOCA RATON, FL 33496  BOCA RATON, FL 33496			S NEW NUMBER STR. BERNSS BLOCK BERNS BURSL BERNS BERNS BURSL BLOCK DU BLOCK LUNGS HANNE (KREWEN) AS SERV.
DO NOT WRITE IN THIS SPACE  6. Name and Address of Gurrent Registered Agent				04222006 No Chg-P CR2E034 (11/05)  4. FEI Number Applied For 20-1533489 Not Applicable  5. Certificate of Status Desired \$8.75 Additional Fee Required
NAPPO, SAMUEL A 18428 ALYDAR WAY BOCA RATON, FL 33496				DO NOT WRITE IN THIS SPACE
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. ) am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typed or primited name of registered agent and title if epplicable.  (NOTE, Registered Agent signature required when remarkating)  OATE				
FILE NOWIII FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.				
10.  SINE NAME SIREFI ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP	OFFICERS AND DI P NAPPO, SAMUEL A 18428 ALYDAR WAY BOCA RATON, FL 33498	ÆCTORS		#80000548168 05/12/06-80054-014 150.00
TITLE NAME STREE! ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP				DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST-ZIP				
DITLE NAME SITTEET ADDRESS CHTY-ST-LIP				
12. Thereby certify that the information supplied with this filling does not quality 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 dath; 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 until an address, with all other like empowered.  SIGNATURE:  SIGNATURE:  SIGNATURE AND THE DIR PRINTED TO SUBJECT SUBJECT SUBJECT SUBJECT OR DIRECTOR  Date  D				