



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2006 8:00 am**  
**Secretary of State**

01-12-2006 90193 040 \*\*\*150.00

<b>DOCUMENT # P04000054607</b> 1. Entity Name <b>A FIRE PLACE INC.</b>					
Principal Place of Business <b>3962 NORTH LAKE PALM BEACH GARDENS, FL 33403</b>			Mailing Address <b>3962 NORTH LAKE PALM BEACH GARDENS, FL 33403</b>		
2. Principal Place of Business <b>10475 Riverside Dr.</b> Suite, Apt. #, etc. <b>Suite #6</b>		3. Mailing Address <b>917 Dogwood Road</b> Suite, Apt. #, etc.			
City & State <b>Palm Beach Gardens FL</b>		City & State <b>North Palm Beach, FL</b>		4. FEI Number <b>26-0081135</b>	
Zip <b>FL 33410</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PERRICANE, MARY E 3962 NORTH LAKE PALM BEACH GARDENS, FL 33403</b>		7. Name and Address of New Registered Agent Name <b>Mary E Perricone</b> Street Address (P.O. Box Number is Not Acceptable) <b>917 Dogwood Rd.</b> City <b>N. Palm Beach</b> <b>FL</b> Zip Code <b>33408</b>			
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>Mary Perricone</b> DATE <b>1-9-06</b> <small>Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D 7</b> <b>PERRIGONE, MARY E</b> <b>3962 NORTH LAKE</b> <b>PALM BEACH GARDENS, FL 33403</b>		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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>Mary Perricone</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>1-9-06</b> Daytime Phone # <b>561-281-0445</b>		