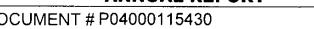
2006 FOR PROFIT CORPORATION ANNUAL REPORT



FILED May 01, 2006 8:00 am Secretary of State

DOCUMENT # P04000115430 1. Entity Name ALLISON L. FRIEDMAN, P.A.					05-01-2006 90377 048 ***150.00				
Puncinal Plac	e of Business	Mailing Address			╡ .				
Principal Place of Business 20533 BISCAYNE BLVD #4-435 AVENTURA, FL 33180		20533 BISCAYNE BLVD #4-435 AVENTURA, FL 33180				. •			
2. Principal P	face of Business	3. Mailing Address			-[
Suite, Apt #, etc		Suite, Apt. #. etc.			04242006	Chg-P	CR2E034 (11/05)		
City & State		City & State		4. FEI Number 20-1469	099		oplied For of Applicable		
Zip	Country	Zip	Coun	try	5. Certificate of	Status Desired	\$8.75 Add Fee Require		
	6. Name and Address of Current I	Registered Agent			7. Name and A	ddress of New R	legistered Agent		
CORPORATE CREATIONS NETWORK INC.				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
		City			and the state of t	FL Zip Cod	le		
	named entity submits this statement to ions of registered agent	the purpose of changing it	ts register	ed office or regist	ered agent, or both,	in the State of Flo	orida. I am familiar with,	and accept	
SIGNATURE.	Signature, typed or present repressive globage agent a	nvi (lite ir apykeahla) (NO	TE, Rogistere	d Agent signaturé roque	वर्त अंत्रका रक्तन्द्रमहोतातु)	 	DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0	9. Election Camp Trust Fund Cor			5.00 May Be Ided to Fees				
10.	OFFICERS AND DIRECTORS		11.	1. ADDITIONS/CHANGES TO OFFICE			ICERS AND DIRECTOR	ERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRIEDMAN, ALLISON L % 20533 BISCAYNE BLVD #4-43 AVENTURA, FL 33180	□ Delete					Change	Addilion	
NAME STREET ADDRESS CHY-ST-ZIP		☐ Delete					☐ Change	Addition	
THLE NAME STREET ADDRESS CHY ST-ZIP		☐ Delute					☐ Change	Addition	
TITLE NAME STREET ADDRESS GUY ST-ZIP		☐ Deletc					☐ Change	Addition	
NAME STREET ANDRESS GITY-SI-ZIP		☐ Delete					☐ Change	Addition	
THE NAME STREET ADDRESS CHY-ST-ZIP		☐ Delete	1				☐ Change	Addition	
12. I hereby of indicated of the con-	certify that the information supplied with on this report or suppliemental report is poration or the receiver of trustal emporers, or on an attachment with an address.	this filing does not qualify true and accurate and that owered to execute this tepo	for the exi my signa rt as requi	emptions contain ture shall have the red by Chapter 6	ed in Chapter 119. e same legal effect 07, Florida Statutes	Florida Statutes. as if made under ; and that my nam	I further certify that the in oath; that I am an office the appears in Block 10 c	nformation r or director or Block 11 if	