

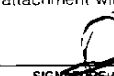


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90037 043 \*\*\*150.00

<b>DOCUMENT # P04000131938</b>					
<b>1. Entity Name</b> TOGETHER, INC.					
<b>Principal Place of Business</b> 4744 SE WILLIAMS WAY STUART FL 34997 US			<b>Mailing Address</b> 4744 SE WILLIAMS WAY STUART FL 34997 US		
<b>2. Principal Place of Business</b> 22331 Boyaca Ave Suite, Apt. #, etc.			<b>3. Mailing Address</b> Suite, Apt. #, etc.		
<b>City &amp; State</b> Boca Raton, FL		<b>City &amp; State</b>		<b>4. FEI Number</b> AP-PLIED FOR	
<b>Zip</b> 33433		<b>Country</b> Palm Beach		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> VOELKER, RONALD 4744 SE WILLIAMS WAY STUART FL 34997				<b>7. Name and Address of New Registered Agent</b> Name: Jay W. Evans Street Address (P.O. Box Number is Not Acceptable): 22331 Boyaca Ave City: Boca Raton FL Zip Code: 33433	
<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.</b>					
<b>SIGNATURE</b> 				<b>DATE</b> 2/1/06	
(NOTE: Registered Agent signature required when re-stating)				<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> PD	<b>NAME</b> VOELKER, RONALD <b>STREET ADDRESS</b> 4744 SE WILLIAMS WAY <b>CITY-ST-ZIP</b> STUART FL 34997	<input checked="" type="checkbox"/> Delete	<b>TITLE</b>	<b>NAME</b>	<b>STREET ADDRESS</b>
<b>TITLE</b> VPD	<b>NAME</b> EVANS, JAY W <b>STREET ADDRESS</b> 22337 BOYACA AVE <b>CITY-ST-ZIP</b> BOCA RATON FL 33433	<input type="checkbox"/> Delete	<b>TITLE</b> Pres.	<b>NAME</b> JAY W. EVANS <b>STREET ADDRESS</b> 22331 BOYACA AVE <b>CITY-ST-ZIP</b> BOCA RATON FL 33433	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> TSD	<b>NAME</b> RANGER, PEGGY <b>STREET ADDRESS</b> 7033 SE BUNKER HILL DR <b>CITY-ST-ZIP</b> HOBE SOUND FL 33455	<input checked="" type="checkbox"/> Delete	<b>TITLE</b>	<b>NAME</b>	<b>STREET ADDRESS</b>
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.</b>					
<b>SIGNATURE:</b> 			<b>DATE:</b> 2/1/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DAYTIME PHONE # 561-350-1890		