



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90187 019 \*\*\*163.75

<b>DOCUMENT # P04000142507</b>					
<b>1. Entity Name</b> BOXMUNCH REAL ESTATE CORP.					
<b>Principal Place of Business</b> 357 GLENN ROAD WEST PALM BEACH, FL 33405			<b>Mailing Address</b> 357 GLENN ROAD WEST PALM BEACH, FL 33405		
<b>2. Principal Place of Business</b> 600 S DIXIE HWY Suite, Apt. #, etc. 620		<b>3. Mailing Address</b> 690 LAKEWORTH CIRCLE Suite, Apt. #, etc.			
<b>City &amp; State</b> WEST PALM BEACH FL		<b>City &amp; State</b> HEATHROW FL		<b>4. FEI Number</b> 56-2484529	
<b>Zip</b> 33401		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> WOLFF, ROSLYN 357 GLENN ROAD WEST PALM BEACH, FL 33405			<b>7. Name and Address of New Registered Agent</b> Name: PAUL BOVI Street Address (P.O. Box Number is Not Acceptable): 690 LAKEWORTH CIRCLE City: HEATHROW FL Zip Code: 32746		
<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>					
SIGNATURE: <u>PAUL BOVI</u> DATE: <u>4/28/06</u> <small>Signature typed 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</b> <b>After May 1, 2006 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> <input checked="" type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> Trust Fund Contribution.		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete BOVI, PAUL 357 GLENN ROAD WEST PALM BEACH, FL 33405		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition BOVI, PAUL 690 LAKEWORTH CIRCLE HEATHROW FL 32746	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Delete ROSLYN, WOLFF 357 GLENN ROAD WEST PALM BEACH, FL 33405		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 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.</b>					
SIGNATURE: <u>PAUL BOVI</u> DATE: <u>4/28/06</u> DAYTIME PHONE: <u>949-547-2684</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					