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Secretary of State
05-10-2006 90099 018 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P05000029578

1. Entity Name

BOWYER-KLEIN, INC.

Principal Place of Business: C/O SALON MARROW DYCKMAN & NEWMAN LLP, 800 CORPORATE DR SUITE 208, FT LAUDERDALE FL 33334

Mailing Address: C/O SALON MARROW DYCKMAN & NEWMA, 800 CORPORATE DR SUITE 208, FT LAUDERDALE FL 33334

1st MOORE CR2E034 (10/05)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number 02-0774560 Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HANDAL, VINCENT J SR
C/O SALON MARROW DYCKMAN & NEWMAN LLP
800 CORPORATE DR SUITE 208
FT LAUDERDALE FL 33334

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 ______ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00 After May 1, 2006 Fee will be $550.00 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sole Director + Officer Patricia Bowyer-Klein 57 Ithaca Avenue Atlantic Beach, NY 11509 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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.

SIGNATURE: X Patricia Bowyer-Klein PATRICIA BOWYER-KLEIN 5/1/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #