## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Secretary of State DOCUMENT # P05000054561 05-05-2006 90194 030 \*\*\*150.00 JULIAN MASSLER, P.A. Mailing Address Principal Place of Business 8461 IRONHORSE CT. WEST PALM BEACH FL 33412 8461 IRONHORSE CT. WEST PALM BEACH FL 33412 66013044 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State 4. FEI Number City & State 70-269 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CIOFFI, JAMES A. Street Address (P.O. Box Number is Not Acceptable) 250 TEQUESTA DR., STE. 200 TEQUESTA FL 33469 City 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 Significate, hyperd or privilent name of reproduced against and Life e applicable (NOTE: Registered Agent signature resulted when reinstalling) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. ☐ Delete President Difector ☐ Change TITLE TILL NAME NAME Julian Massler STRFET ADDRESS 8461 Ironhorse Ct STREET ADDRESS CITY-ST-ZIP CITY-ST-7P F1 3341 L B.ouch ☐ Delete Change ☐ Add:tion MILE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ (Judada me ☐ Deter 1111.5 NAME BARRE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7W ☐ Delete TITLE ☐ Change Addition IIRE --HAME MALIC STREET ADDRESS STREET ADORESS CITY-ST-7P CITY - ST - 71P Change ☐ Addition HILE ☐ Oelete MANA STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- 210 Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREE! ADDRESS CITY-ST-ZIP CUY-\$1-70 12. I hereby certify that the information supplied with this filing does not quality 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. agrice 27/06 JULIAN MASSIER SIGNATURE: NATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

FILED

Jun 15, 2006 8:00 am