


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 8:00 am
Secretary of State

02-24-2006 90015 001 ***150.00

DOCUMENT # P05000108118 1. Entity Name M KATSCH INC.																																																																																																					
Principal Place of Business 6850 N.W. SECOND AVE. #22 BOCA RATON, FL 33487			Mailing Address 6850 N.W. SECOND AVE. #22 BOCA RATON, FL 33487																																																																																																		
2. Principal Place of Business <i>2920 Para Pkton Blvd</i> Suite, Apt. #, etc. <i>#18</i>		3. Mailing Address <i>Same</i> Suite, Apt. #, etc.																																																																																																			
City & State <i>Boca Raton FL</i>		City & State		4. FEI Number 56 25 27 102																																																																																																	
Zip 33431		Country <i>Belm Beach</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																	
6. Name and Address of Current Registered Agent KATSCH, MICHAEL 6850 N.W. SECOND AVE. #22 BOCA RATON, FL 33487				7. Name and Address of New Registered Agent Name <i>M Katsch</i> MICHAEL KATSCH Street Address (P.O. Box Number is Not Acceptable) 660 Cypress Club Way City <i>Pompano Bch</i> FL Zip Code <i>33442</i>																																																																																																	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																																																																																					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																		
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>KATSCH, MICHAEL</td> <td></td> <td>STREET ADDRESS</td> <td><i>P/D</i> KATSCH MICHAEL</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>6850 N.W. SECOND AVE. #22 BOCA RATON, FL 33487</td> <td></td> <td>CITY-ST-ZIP</td> <td>660 CYPRESS CLUB WAY POMPAHO Bch FL 33442</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VP/T</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td><i>VPIT</i> KATSCH MICHAEL</td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>6850 N.W. SECOND AVE. #22</td> <td></td> <td>STREET ADDRESS</td> <td>660 CYPRESS CLUB WAY</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BOCA RATON, FL 33487</td> <td></td> <td>CITY-ST-ZIP</td> <td>POMPAHO Bch FL 33442</td> <td></td> </tr> <tr> <td>TITLE</td> <td>S</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td>KATSCH MICHAEL</td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>6850 N.W. SECOND AVE. #22</td> <td></td> <td>STREET ADDRESS</td> <td>660 CYPRESS CLUB WAY</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BOCA RATON, FL 33487</td> <td></td> <td>CITY-ST-ZIP</td> <td>POMPAHO Bch FL 33442</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	KATSCH, MICHAEL		STREET ADDRESS	<i>P/D</i> KATSCH MICHAEL		CITY-ST-ZIP	6850 N.W. SECOND AVE. #22 BOCA RATON, FL 33487		CITY-ST-ZIP	660 CYPRESS CLUB WAY POMPAHO Bch FL 33442		TITLE	VP/T	<input type="checkbox"/> Delete	TITLE	<i>VPIT</i> KATSCH MICHAEL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	6850 N.W. SECOND AVE. #22		STREET ADDRESS	660 CYPRESS CLUB WAY		CITY-ST-ZIP	BOCA RATON, FL 33487		CITY-ST-ZIP	POMPAHO Bch FL 33442		TITLE	S	<input type="checkbox"/> Delete	TITLE	KATSCH MICHAEL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	6850 N.W. SECOND AVE. #22		STREET ADDRESS	660 CYPRESS CLUB WAY		CITY-ST-ZIP	BOCA RATON, FL 33487		CITY-ST-ZIP	POMPAHO Bch FL 33442		TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP		
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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.																																																																																																					
SIGNATURE: <i>Michael Katsch</i> Michael Katsch <i>2/22/06</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																																																																																					