


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90434 027 \*\*\*150.00

<b>DOCUMENT # P05000110030</b> 1. Entity Name <b>FRED ALLEN INC</b>					
Principal Place of Business <b>200 MONROE</b> <b>EFF2</b> <b>MAITLAND, FL 32751 US</b>			Mailing Address <b>6839 BROWN SCHOOL RD</b> <b>NORTH BRANCH, MI 48461 US</b>		
2. Principal Place of Business <b>12024 W. GREENWAY DR.</b>		3. Mailing Address <b>12024 W. GREENWAY DR.</b>			
Suite, Apt. #, etc. <b>203-A</b>		Suite, Apt. #, etc. <b>203-A</b>			
City & State <b>ROYAL PALM BEACH, FL.</b>		City & State <b>ROYAL PALM BEACH, FL.</b>			
Zip <b>33411</b>		Country <b>USA.</b>		Zip <b>33411</b>	
Country <b>USA</b>		Country <b>USA</b>			
4. FEI Number <b>203268701</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>ALLEN, ALFRED C</b> <b>200 MONROE</b> <b>EFF2</b> <b>MAITLAND, FL 32751</b>			7. Name and Address of New Registered Agent Name <b>ALLEN, ALFRED C</b> Street Address (P.O. Box Number is Not Acceptable) <b>12024 W. GREENWAY DRIVE</b> <b>UNIT 203-A</b> City <b>ROYAL PALM BEACH FL</b> Zip Code <b>33411</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.					
SIGNATURE <u><i>Alfred C. Allen</i></u> (NOTE: Registered Agent signature required when renewing) DATE <u><i>Apr. 21, 2006</i></u>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME ALLEN, ALFRED C STREET ADDRESS 6839 BROWN SCHOOL RD CITY-ST-ZIP NORTH BRANCH, MI 48461	<input type="checkbox"/> Delete		TITLE P NAME ALLEN, ALFRED C. STREET ADDRESS 12024 W. GREENWAY DR. #203-A CITY-ST-ZIP ROYAL PALM BEACH 33411	<input checked="" 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	
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	
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: <u><i>Alfred C. Allen</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u><i>April 12, 2006</i></u> Daytime Phone # <u><i>1-407-402-5219</i></u>		