

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-24-2006 90006 009 \*\*\*150.00

<b>DOCUMENT # P05000113510</b>					
<b>1. Entity Name</b> ASSEMBLY INC.					
<b>Principal Place of Business</b> 4545 MARIOTTI CT UNIT C SARASOTA, FL 34233 US			<b>Mailing Address</b> 4545 MARIOTTI CT UNIT C SARASOTA, FL 34233 US		
<b>2. Principal Place of Business</b> 1800 N. EAST Avenue Suite, Apt. #, etc. Unit 102 City & State Sarasota FL Zip 34234 Country USA		<b>3. Mailing Address</b> 1800 N. East Avenue Suite, Apt. #, etc. Unit 102 City & State Sarasota, FL Zip 34234 Country USA			
<b>4. FEI Number</b> 20-33214 94		Applied For <input type="checkbox"/> Not Applicable			
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> AIZENBERG, ARIEH <del>4545 MARIOTTI CT UNIT C</del> 1800 N. East Avenue SARASOTA, FL <del>34233</del> 34234 Unit 102			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<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 type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<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 AIZENBERG, ARIEH <del>4545 MARIOTTI CT UNIT C</del> 1800 N. East Ave SARASOTA, FL <del>34233</del> Unit 102 34234		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<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>					
<b>SIGNATURE:</b> _____			Arieh Aizenberg Date 941-365-4646 Daytime Phone #		