
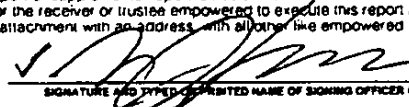


FILED
Jun 02, 2006 8:00 am
Secretary of State

04-28-2006 90184 008 ***150.00

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000114484					
1. Entity Name MARK LOEWENBERG, PA.					
Principal Place of Business 13562 RUNNING WATER RD. W. PALM BEACH, FL 33418			Mailing Address 13562 RUNNING WATER RD. W. PALM BEACH, FL 33418		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-3315025	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LOEWENBERG, MARK 13562 RUNNING WATER RD. W. PALM BEACH, FL 33418				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 _____ DATE _____ <small>Signature: Printed or printed name of registered agent, and the applicable (NOTE: Registered Agent signature required when renewing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LOEWENBERG, MARK		NAME		
STREET ADDRESS	13562 RUNNING WATER RD.		STREET ADDRESS		
CITY- ST- ZIP	W. PALM BEACH, FL 33418		CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
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: 			Date: MARK LOEWENBERG 4/26/06 2140370		
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		

Corp. Annual Report

ATTACHMENT

Subject: Corp. Annual Report

From: TAXRENE@aol.com

Date: Thu, 25 May 2006 08:16:16 EDT

To: MarkL@KW.com

66017772
#PO5000114484

Hi Mark,

In box 4 of the form, you need to put in your Federal I.D. Number which is, 20-3315025 and mail the form back ASAP.

Sincerely,

Rene' Wertheimer

Bottom Line Accounting & Tax Services, Inc.

(561)627-7778