2006 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 29, 2006 8:00 am Secretary of State

FILED

DOCUMENT # P05000119318					03-29-2006 90155 001 ***600.00			
1. Entity Name 7700 FLAGLER DRIVE, INC.								
Principal Plac	e of Business	Mailing Address					66007525	•
3540 FOREST HILL BLVD STE 203 W PALM BCH, FL 33406		3540 FOREST HILL BLVD STE 203 W PALM BCH, FL 33406			00007323			
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03262006	Chg-P	CR2E034 (11/05)	
City & State		City & State			4. EEI Number 20 - 33	82436		pplied For ot Applicable
Zip	Country	Zip	Country		5. Certificate of S	Status Desired	See Require	
Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name				
ARMOUR, ALAN I II				Name				
1645 PALI	M BCH LAKES BLVD STE 1200 BCH, FL 33401)	Street A	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 Signature, typed or printed name of registered agent and title if applicable. (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 \$5.00 May Be Trust Fund Contribution. Added to Fees								
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CH	ANGES TO OFFI	CERS AND DIRECTOR	S IN 11
TITLE		☐ Delete	TITLE	Pee	sident		Channe	Addition
NAME			NAME	gea	rge W Her	aton the	311)	
STREET ADDRESS CITY+ST-ZIP			STREET ADDRESS CITY-ST-ZIP	26	1996 Is law	עטן עאביי.	T 7.A	
TITLE		□ Delete	TITLE	\ <u>\</u>	tec Is lare	1 -K 22	☐ Change	N ^{am} Addition
NAME		Delete	NAME	Deh	wal A Dea	HM.		Addition
STREET ADDRESS			STREET ADDRESS	3540	PAIM BCh	BISH # 20	13	
CITY-ST-ZIP			CITY-ST-ZIP	W	PAlm Bch,	26 334	04	
TITLE NAME		☐ Delete	TITLE				☐ Change	Addition
STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE				☐ Change	☐ Addition
NAME STREET ADDRESS			NAME					
CITY-SI-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE		☐ Delete	TITLE				Change	Addition
NAME CIPTET ADDRESS			NAME					
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE	***************************************	☐ Delete	TITLE	-		-,	☐ Change	Addition
NAME			NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP	ertify that the information supplied with	this filing does not qualify for	the exemptions of	notained	in Chanter 110 Ele	vida Clatutan III	in the continue that the time	-formation

indicated on this report or supplied with this illing does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental 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.