


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90144 048 ***150.00

DOCUMENT # P05000125185

1. Entity Name
STANLEY KAYE & CO., INC.



Principal Place of Business
**5030 CHAMPION BLVD - STE G6225
 BOCA RATON, FL 33496**

Mailing Address
**5030 CHAMPION BLVD - STE G6225
 BOCA RATON, FL 33496**

40067300



2. Principal Place of Business
7358 Carmela Way
 Suite, Apt. #, etc.

3. Mailing Address
7358 Carmela Way
 Suite, Apt. #, etc.

04242006 Chg-P CR2E034 (11/05)

City & State
Delray Beach FL

City & State
Delray Beach FL

Zip
33446 Country

Zip
33446 Country

4. FEI Number
11-2861529

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**FRY, DOUGLAS E
 5030 CHAMPION BLVD - STE G6225
 BOCA RATON, FL 33496**

7. Name and Address of New Registered Agent

Name
DOUGLAS E. FRY

Street Address (P.O. Box Number is Not Acceptable)
7358 Carmela Way

City
Delray Beach FL Zip Code
33446

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 Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	FRY, DOUGLAS E	
STREET ADDRESS	5030 CHAMPION BLVD - STE G6225	
CITY-ST-ZIP	BOCA RATON, FL 33496	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FRY, STACEY R	
STREET ADDRESS	5030 CHAMPION BLVD - STE G6225	
CITY-ST-ZIP	BOCA RATON, FL 33496	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7358 Carmela Way	
CITY-ST-ZIP	Delray Beach FL 33446	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7358 Carmela Way	
CITY-ST-ZIP	Delray Beach FL 33446	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Douglas Fry **Douglas Fry** 4-25-06 561637-9189
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR Date Daytime Phone #