


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-28-2006 90144 048 \*\*\*150.00

<b>DOCUMENT # P05000125185</b> 1. Entity Name <b>STANLEY KAYE &amp; CO., INC.</b>			
Principal Place of Business <b>5030 CHAMPION BLVD - STE G6225 BOCA RATON, FL 33496</b>		Mailing Address <b>5030 CHAMPION BLVD - STE G6225 BOCA RATON, FL 33496</b>	
2. Principal Place of Business <b>7358 Carmela Way</b> Suite, Apt. #, etc.		3. Mailing Address <b>7358 Carmela Way</b> Suite, Apt. #, etc.	
City & State <b>Delray Beach FL</b> Zip <b>33446</b>		City & State <b>Delray Beach FL</b> Zip <b>33446</b>	
4. FEI Number <b>11-2861529</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>FRY, DOUGLAS E 5030 CHAMPION BLVD - STE G6225 BOCA RATON, FL 33496</b>		7. Name and Address of New Registered Agent Name <b>DOUGLAS E. FRY</b> Street Address (P.O. Box Number is Not Acceptable) <b>7358 Carmela Way</b> City <b>Delray Beach</b> <b>FL</b> Zip Code <b>33446</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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 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>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>FRY, DOUGLAS E</b> <b>5030 CHAMPION BLVD - STE G6225</b> <b>BOCA RATON, FL 33496</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>7358 Carmela Way</b> <b>Delray Beach FL 33446</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>FRY, STACEY R</b> <b>5030 CHAMPION BLVD - STE G6225</b> <b>BOCA RATON, FL 33496</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>7358 Carmela Way</b> <b>Delray Beach FL 33446</b>
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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: <b>Douglas Fry</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>4-25-06 561637-9189</b> <small>Date Daytime Phone</small>	