
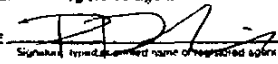
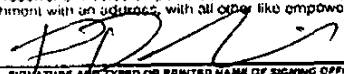


**2006 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

<b>DOCUMENT # P05000142105</b> 1. Entity Name <b>MULTIPLY, INC.</b>		
Principal Place of Business 1700 S. DIXIE HIGHWAY SUITE 200 BOCA RATON, FL 33432		Mailing Address 1700 S. DIXIE HIGHWAY SUITE 200 BOCA RATON, FL 33432
2. Principal Place of Business 6001 Park of Commerce Blvd Suite, Apt. #, etc. 300		3. Mailing Address 6001 Park of Commerce Blvd Suite, Apt. #, etc. 300
City & State Boca Raton, FL		City & State Boca Raton, FL
Zip 33487		Zip 33487
Country US		Country US
4. FEI Number 32-0160512		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent  PEZARIS, PETER 1700 S. DIXIE HIGHWAY SUITE 200 BOCA RATON, FL 33432		7. Name and Address of New Registered Agent Name: Peter Pezaris Street Address (P.O. Box Number is Not Acceptable) 6001 Park of Commerce Blvd Suite 300 City: Boca Raton FL Zip Code: 33487
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: 4/21/06
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 NAME STREET ADDRESS CITY-ST-ZIP	P PEZARIS, PETER 1700 S. DIXIE HIGHWAY #200 BOCA RATON, FL 33432	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Peter Pezaris <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6001 Park of Commerce Blvd Suite 300 Boca Raton, FL 33487	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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: 		DATE: 4/22/06      TELEPHONE: 561-443-5566

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