


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 20, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P09924 1. Entity Name DAVID LERNER ASSOCIATES, INC.	
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Principal Place of Business 477 JERICHO TURNPIKE SYOSSET, NY 11791	Mailing Address PO BOX 9006 SYOSSET, NY 11791-9006 US
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**DO NOT WRITE IN THIS SPACE**



07132006 No Chg-P CR2E034 (11/05)

4. FEI Number 11-2374466	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  DEARCE, JOSEPH 3111 UNIVERSITY DRIVE SUITE #401 CORAL SPRINGS, FL 33065
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**DO NOT WRITE IN THIS SPACE**

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**  
**Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD LERNER, DAVID PO BOX 9006 SYOSSET, NY 117919006
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO CHODOSH, ALAN PO BOX 9006 SYOSSET, NY 117919006
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U00000571300  
 07/20/06-80001-008 150.00

**DO NOT WRITE IN THIS SPACE**

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:  7/13/06 516 390 5515  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #