
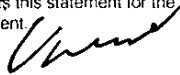
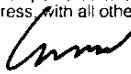


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90341 020 \*\*\*150.00

<b>DOCUMENT # P31419</b> 1. Entity Name <b>FRANKEL ENTERPRISES, INC.</b>					
Principal Place of Business <b>1845 WALNUT ST., 16TH FLOOR PHILADELPHIA, PA 19103</b>			Mailing Address <b>1845 WALNUT ST., 16TH FLOOR PHILADELPHIA, PA 19103</b>		
2. Principal Place of Business  Suite, Apt. #, etc. <b>SUITE 1610</b>		3. Mailing Address  Suite, Apt. #, etc. <b>SUITE 1610</b>			
City & State 		City & State 		4. FEI Number <b>23-1913415</b>	
Zip 		Country 		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HYMAN, SHERRY LEFKOWI 200 ADMIRALS COVE BLVD JUPITER, FL 33477</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>3801 PGA BLVD</b> <b>SUITE 107</b> City <b>PALM BEACH GARDENS FL</b> Zip Code <b>33410</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	VPD FRANKEL, BENJAMIN <input type="checkbox"/> Delete 1845 WALNUT ST., 16TH FL PHILADELPHIA, PA		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST FRANKEL, THOMAS <input type="checkbox"/> Delete 200 ADMIRALS COVE BLVD JUPITER, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3801 PGA BLVD - STE 107</b> <b>PALM BEACH GARDENS FL 33410</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FRANKEL, WILLIAM <input type="checkbox"/> Delete 1845 WALNUT ST., 16TH FL PHILADELPHIA, PA		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b>  _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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