


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90091 001 ***150.00

DOCUMENT # P92000013432		
1. Entity Name MAYER OPERATING CO., INC.		

Principal Place of Business % BARRY GURLAND, C.P.A. 2745 W CYPRESS CREEK HALLANDALE, FL 33309	Mailing Address % BARRY GURLAND, C.P.A. 2745 W CYPRESS CREEK HALLANDALE, FL 33309
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2. Principal Place of Business 100 NE 3rd Avenue Suite, Apt. #, etc. Suite 300 City & State Ft Lauderdale, FL Zip 33301-1164 Country	3. Mailing Address 100 NE 3rd Avenue Suite, Apt. #, etc. Suite 300 City & State Ft Lauderdale FL Zip 33301-1164 Country
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03072006 Chg-P CR2E034 (11/05)

4. FEI Number 65-0378590	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GURLAND, BARRY 2745 W CYPRESS CREEK ROAD FORT LAUDERDALE, FL 33309	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 100 NE 3rd Avenue Suite 300 City Ft Lauderdale FL Zip Code 33301-1164
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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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GURLAND, BARRY 2745 W CYPRESS CREEK ROAD HALLANDALE, FL 33309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gurland, Barry 100 NE 3rd Ave # 300 FT Lauderdale, FL 33301-1164 <input checked="" 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
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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.

SIGNATURE:  **1 P.F.S.** **3/7/06** **9544626300**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #