


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90300 045 ***150.00

DOCUMENT # P93000031275	
1. Entity Name BOCA CENTER, INC.	

Principal Place of Business 2655 NORTH OCEAN DRIVE #300 SINGER ISLAND, FL 33404 US	Mailing Address 2655 NORTH OCEAN DRIVE #300 SINGER ISLAND, FL 33404 US
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2. Principal Place of Business <i>11911 US Highway one</i> Suite, Apt. #, etc. <i>Suite 201</i> City & State <i>North Palm Beach</i> Zip <i>33408</i> Country	3. Mailing Address <i>11911 US Highway one</i> Suite, Apt. #, etc. <i>Suite 201</i> City & State <i>North Palm Beach</i> Zip <i>33408</i> Country
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DUPLICATE



01092006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent STEINBERG, JOE C/O 1ST EQ 2655 N OCEAN DR #300 SINGER ISLAND, FL 33404	
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7. Name and Address of New Registered Agent Name <i>STEINBERG, JOE</i> Street Address (P.O. Box Number is Not Acceptable) <i>11911 US Highway one, Suite 201</i> City <i>North Palm Beach</i> FL Zip Code <i>33408</i>	
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (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 VANDER WAAL, NEAL 55 YACHT CLUB PLACE TEQUESTA, FL <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	SD STEINBERG, JONAS 108 LAKESHORE DR APT 1241 NPB, FL 33408 <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	D FAGANO, WILLIAM 109 OCEAN PINES TERR JUPITER, FL 33477 <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	PD VANDERWAHL, NEAL 55 YACHT CLUB PLACE TEQUESTA, FL <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.

SIGNATURE: *[Signature]* **1/24/06 561-355-8358**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #