2006 FOR PROFIT CORPORATION ... ANNUAL REPORT

Jan 27, 2006 08:00 AN DOCUMENT # P93000031749 Secretary of State 1. Entity Name RICHARD APPELBAUM & ASSOCIATES. **INCORPORATED** Mailing Address Principal Place of Business 18412 KEYSTONE GROVE BLVD. P 0 B0 X99 ODESSA, FL 33556 US ODESSA, FL 33556 US 01222006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3180777 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent APPELBAUM, RICHARD DO NOT WRITE 18412 KEYSTONE GROVE BOULEVARD ODESSA, FL 33556 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. Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. U00000403078 Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE APPELBAUM, RICHARD NAME STREET ADDRESS 18412 KEYSTONE GROVE BLVD. CITY-ST-ZIP ODESSA, FL 33556 TITLE MALE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE City-St-ZiP TIFLE IN THIS SPACE NAME STREET ADDRESS City-St-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filing does not of the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied that the angular courage 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 rustee empowered to execute this legicity as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 it changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

SHATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTO

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