


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # P930000039531
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1. Entity Name
STAIRWAYS BY ANTHONY, INC.



Principal Place of Business Mailing Address
911 1ST AVENUE SOUTH 102 N BROADWAY ST
LAKE WORTH, FL 33460 US LANTANA, FL 33462 US

DO NOT WRITE IN THIS SPACE



04142006 No Chg-P CR2C034 (11/05)

4. FEI Number
65-0413256 Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

MONTAGNINO, ANTHONY
102 NE BROADWAY
LANTANA, FL 33462

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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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable NOTE: Registered Agent signature required when re-stating

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MONTAGNINO, ROSANN
STREET ADDRESS	102 N BROADWAY ST
CITY-ST-ZIP	LANTANA, FL 33462
TITLE	VP
NAME	MONTAGNINO, A K
STREET ADDRESS	715 11TH STREET
CITY-ST-ZIP	LANTANA, FL 33462
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 601, 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 empowerments.

Anthony MONTAGNINO
SIGNATURE: *Anthony Montagnino*
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-06 *Officer*