

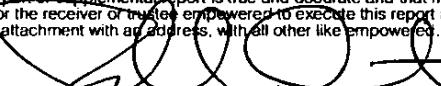


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90203 044 ***158.75

DOCUMENT # P93000052649 1. Entity Name 411 AUSTRALIAN AVENUE, INC.			
Principal Place of Business 350 SO. COUNTY ROAD, #201 PALM BEACH, FL 33480		Mailing Address 350 SO. COUNTY ROAD, #201 PALM BEACH, FL 33480	
2. Principal Place of Business 225 SOUTH OLIVE AVE Suite, Apt. #, etc.		3. Mailing Address 225 SOUTH OLIVE AVE Suite, Apt. #, etc.	
City & State WEST PALM BEACH, FL		City & State WEST PALM BEACH, FL	
Zip 33401	Country USA	Zip 33401	Country USA
4. FEI Number 65-0527276		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DANTON, RICHARD 350 SO. COUNTY ROAD, #201 PALM BEACH, FL 33480		7. Name and Address of New Registered Agent Name: DANTON, RICHARD Street Address (P.O. Box Number is Not Acceptable): 225 SOUTH OLIVE AVENUE City: WEST PALM BEACH FL Zip Code: 33401	
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: 1-11-06	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when re-registering)	
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PS NAME: DANTON, RICHARD STREET ADDRESS: 350 SO. COUNTY ROAD, #201 CITY-ST-ZIP: PALM BEACH, FL 33480	<input type="checkbox"/> Delete SAME AS ABOVE	TITLE: DANTON RICHARD NAME: DANTON RICHARD STREET ADDRESS: 225 SOUTH OLIVE AVENUE CITY-ST-ZIP: WEST PALM BEACH, FL 33401	<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
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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 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: 		DATE: 1-11-06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #: 561-8024220	