## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 20, 2006 08:00 AM Secretary of State

ANNUAL REPURI					Secretary o	f Stata
1. Entity Nan	MENT # P9300007 Schner, p.a.	75465			Secretary o	i State
750 S. DIXIE HWY.		Meding Address 750 S. DIXIE HWY BOCA RATON, FL 33432 L	-		<b>1</b> (2) 5 5 5 1	
C	O NOT WRIT	CE	03152006 No Chg-P CR2E034 (11/05)  4. FEI Number			
750 S. DIX	6. Name and Address of Curre LARRY E. (IE HWY TON, FL 33432	DO NOT WRITE 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 (amiliar with, and accelled the obligations of registered agent.  SIGNATURE  Signature, typed or preside name of registered agent and life if applicable  FILE NOW!!! FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  Trust Fund Contribution.   Added to Fees						miliar with, and accept
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE HAME STREET ADDRESS CITY-ST-ZIP HILE NAME STREET ADDRESS CITY-ST-ZIP HILE NAME STREET ADDRESS CITY-ST-ZIP RILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CATY-ST-ZIP TITLE	OFFICERS AND D SCHNER, LARRY E 750 S DIXIE HWY BOCA RATON, FL	IO DIRECTORS			090000473096 03/31/06-80003- NOT WRITE THIS SPACE	
MAMIL SIREET ADDRESS						

12. Thereby certify that the information supplied with this filling 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 business 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:

CHY-ST-ZIP

WICH () 30

561-368-6266