2006 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 20, 2006 08:00 AM DOCUMENT # P93000084308 **Secretary of State** LEWIS NADEL & ASSOCIATES, INC. Principal Place of Business Malling Address 10840 LONDON ST. 10840 LONDON ST. COOPER CITY, FL 33026 COOPER CITY, FL 33026 US 02152006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0453561 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent NADEL, LEWIS DO NOT WRITE 10840 LONDON ST. COOPER CITY, FL 33026 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 ritle if applicable (NOTE. Registered Agent signature required when reinstalling) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. mŒ NAME NADEL, LEWIS STREET ADDRESS 10840 LONDON ST. CATY-ST-ZIP COOPER CITY, FL 33026 100000441031 03/03/06-80021-015 150.00 NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby 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 of 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 attad ment with an address, with all other like empowered.

SIGNATURE:

TITLE
HAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
SHREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND THEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

21.5/06

954. 818 - 8400

Daytime Phone s

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