Mar 30,
Secr

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000020671

1. Entity Name
JOAN TRATHEN INC

Principal Place of Business	Mailing Address
2202 CYPTRESS BEND DR S STE 602 POMPANO BEACH, FL 33069 US	2202 CYPRESS BEND DR S STE 602 POMPANO BEAHC, FL 33069 US

DO NOT WRITE IN THIS SPACE

03272006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0469746
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

TRATHEN, JOAN
2202 CYPRESS BEND DR S
STE 602
POMPANO BEACH, FL 33069

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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__________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

000068455888
04/13/06--00001--006 150.00

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	TRATHEN, JOAN
STREET ADDRESS	2202 CYPRESS BEND DR. S. #602
CITY-ST-ZIP	POMPANO BEACH, FL 33069
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Joan Trathen 3/28/06 954-979-9452
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #