


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90052 024 \*\*\*150.00

<b>DOCUMENT # P94000025703</b>					
<b>1. Entity Name</b> EVENTS MADE E Z, INC.					
<b>Principal Place of Business</b> 6810 E ROGERS CIRCLE BOCA RATON, FL 33487 US			<b>Mailing Address</b> 6810 E ROGERS CIRCLE BOCA RATON, FL 33487 US		
<b>2. Principal Place of Business</b> 8524 Eagle Run Dr		<b>3. Mailing Address</b> 8524 Eagle Run Dr.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> Boca Raton FL		<b>City &amp; State</b> Boca Raton, FL			
<b>Zip</b> 33434		<b>Country</b> PB		<b>Zip</b> 33434	
<b>Country</b> PB		<b>Country</b> PB			
<b>6. Name and Address of Current Registered Agent</b>  SCHNER, LARRY E PA 750 SOUTH DIXIE HWY BOCA RATON, FL 33432			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> Zip Code _____		
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) <b>DATE</b> _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$350.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> P	<b>NAME</b> ZUCKERMAN, EDWARD		<input type="checkbox"/> Delete	<b>TITLE</b> President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 6810 EAST ROGERS CIRCLE	<b>STREET ADDRESS</b> 8524 Eagle Run Drive		<b>CITY-ST-ZIP</b> BOCA RATON, FL 33487	<b>CITY-ST-ZIP</b> Boca Raton FL 33434	
<b>TITLE</b> VP	<b>NAME</b> ZUCKERMAN, SUSAN		<input type="checkbox"/> Delete	<b>TITLE</b> VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 6810 EAST ROGERS CIRCLE	<b>STREET ADDRESS</b> 8524 Eagle Run Drive		<b>CITY-ST-ZIP</b> BOCA RATON, FL 33487	<b>CITY-ST-ZIP</b> Boca Raton FL 33434	
<b>TITLE</b> 	<b>NAME</b> 		<input type="checkbox"/> Delete	<b>TITLE</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 	<b>STREET ADDRESS</b> 		<b>CITY-ST-ZIP</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> 	<b>NAME</b> 		<input type="checkbox"/> Delete	<b>TITLE</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 	<b>STREET ADDRESS</b> 		<b>CITY-ST-ZIP</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> 	<b>NAME</b> 		<input type="checkbox"/> Delete	<b>TITLE</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 	<b>STREET ADDRESS</b> 		<b>CITY-ST-ZIP</b> 	<b>CITY-ST-ZIP</b> 	
<b>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.</b>					
<b>SIGNATURE:</b> _____			2/25/06 561-999-0888		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		