


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000061354
 1. Entity Name
 ARLENE B. ENGLANDER, P.A.



Principal Place of Business Mailing Address
 618 U.S. HIGHWAY #1 618 U.S. HIGHWAY #1
 SUITE 406 SUITE 406
 NORTH PALM BEACH, FL 33408 NORTH PALM BEACH, FL 33408

DO NOT WRITE IN THIS SPACE



04072008 No Chg-P CR2E034 (11/05)
 4. FEI Number Applied For
 65-0520730 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 ENGLANDER, ARLENE B
 618 U.S. HIGHWAY #1
 SUITE 406
 NORTH PALM BEACH, FL 33408

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

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

000000507606
 04/27/06-80070-011 150.00

10. OFFICERS AND DIRECTORS

TITLE	PVST
NAME	ENGLANDER, ARLENE B
STREET ADDRESS	618 U.S. HIGHWAY #1, #406
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408
TITLE	D
NAME	ENGLANDER, ARLENE B
STREET ADDRESS	618 U.S. HIGHWAY #1, #406
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Arlene B. Englander Date: 4/14/06 Daytime Phone #: 561 820091
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR