

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 02, 2006 08:00 AM
Secretary of State**

DOCUMENT # P94000068846

1. Entity Name
CERTAIN TERMS, INC.



Principal Place of Business
**12821 MARSH POINTE WAY
PALM BEACH GARDENS, FL 33418 US**

Mailing Address
**12821 MARSH POINTE WAY
PALM BEACH GARDENS, FL 33418 US**



01262006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0517994	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**EDWARDS, HEIDI
12821 MARSH POINTE WAY
PALM BEACH GARDENS, FL 33418**

**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 familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

**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	V
NAME	EDWARDS, HEIDI T.
STREET ADDRESS	12821 MARSH POINTE WAY
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418

TITLE	P
NAME	EDWARDS, BRIAN G
STREET ADDRESS	12821 MARSH POINTE WAY
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418

TITLE	
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CITY-ST-ZIP	

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CITY-ST-ZIP	

100000453888
03/14/06-80040-011 150.00

**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: *Brian G Edwards*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-06 561-848-2520
Date Daytime Phone #