2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

1. Emity Nan	MENT # <b>P940000766</b> ** ANCI, INC.	09		Secretary of State
Principal Place of Business 6810 N.W. 28TH PLACE MARGATE FL 33063		Mailing Address 6810 N.W. 28TH PLAC MARGATE FL 33063	©E .	
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E034 (10/05)
City & State		City & State		4. FEI Number 65-0529121 Applied For Not Applied
Zip	Country	Zip	Country	5. Certificate of Status Desired
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent
681	RGENBESSER, LEONARD 0 N.W. 28TH PLACE RGATE FL 33063			(P.O. Box Number is Not Acceptable)
			City	FL Zip Code
	named entity submits this statement for tions of registered agent.	or the purpose of changing its	registered office or registe	red agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typica or printed name of registerori agent	and title it applicable (NOT	E: Registered Agent signature require	d when renstaling) DATE
After	ILE NOW!!! FEE IS \$150.00 May 1, 2006 Fee Will Be \$550.00 k Payable to Florida Department o			9. Election Campaign Financing \$5.00 May Election Campaign Financing Added to Fees
18.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME STREET ADDRESS CVTY-ST-ZIP	DP MORGENBESSER, LEN 6810 N.W. 28TH PLACE MARGATE FL 33063	☐ Delote	Title Mame Street Address City-St-Zip	□ Change □ Affii 0000000503717 04/26/06-80043-006 150.00
TITLE NAME STREET ADDRESS CUY-ST-ZIP	DVST MORGENBESSER, NANCI 6810 N.W. 28TH PLACE MARGATE FL 33063	☐ Defete	TITLE NAME STREET NODRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE HAME STREET ADDRESS CITY-SI-TIP		☐ Deleta	TITLE NAME STREET ADDRESS CATY-ST-ZIP	☐ Change ☐ Addes
117LE MAME STREET ABORESS CHY-SC-ZIP		□ Deteta	TITLE NAME STREET ADDRESS CTY-SI-ZIP	☐ Change ☐ Addissi
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Address
TITLE NAME STREET ADDRESS CITY-ST-ZIP	certify that the information expedied will	☐ Delete	ISTLE NAME STREET ADDRESS CITY-ST-ZP	Change Additional Change Change Additional Change Change Additional Change Chan

createry usually mak are minoritistical supplied with this information indicated on this report or suppliemental 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. 4/10/66 954 757 3845

Leonard Moroga Gesser SIGNATURE:

**FILED**