



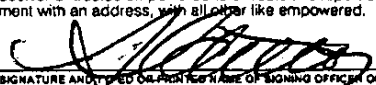
2006 FOR PROFIT CORPORATION ANNUAL REPORT

06-16-2006 90101 050 ***150.00
P94000077981

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
40095701

DOCUMENT # P94000077981			
1. Entity Name POMMEAU, INC.			
Principal Place of Business 1007 ATLANTIC ST MELBOURNE BEACH, FL 32951		Mailing Address 1007 ATLANTIC ST MELBOURNE BEACH, FL 32951	
2. Principal Place of Business 2730 South Highway A1A Suite, Apt. #, etc. \$ 89		3. Mailing Address 2730 So. Hwy. A1A Suite, Apt. #, etc. # 89	
City & State Melbourne Beach, FL		City & State Melbourne Beach, FL	
Zip 32951	Country U.S.A.	Zip 32951	Country U.S.A.
4. FEI Number 59-3272772		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 JARET, DOANLO J 420 LINCOLN RD, 365 MIAMI BEACH, FL 33139		7. Name and Address of New Registered Agent Name Michael C. Boehm Street Address (P.O. Box Number is Not Acceptable) 209 Ocean Avenue Suite A City Melbourne Beach FL Zip Code 32951	
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 6/12/06	
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CATILLON, ALAIN 1007 ATLANTIC ST MELBOURNE BEACH, FL 32951 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2730 South Highway A1A # 89 Melbourne Beach, FL 32951
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		06/12/06 321 412 5411	
SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	