## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## May 16, 2006 8:00 am Secretary of State **DOCUMENT # P95000075959** 05-16-2006 90018 009 \*\*\*150.00 NEW PAPYRUS GROUP INC. MailpaAvadep JSCHWEITZER Principal Place of Business %CG ACCOUNTING CORP. 4101 RAVENSWOOD RD., #111 SAN CRISTOBAL FT. LAUDERDALE, FL 33312 N M 87564 2. Principal Place of Business 3. Mailing Address SAAXID J SCHWE I TZER P Q BQX 178\_ Suite, Apt. #, etc. 05112006 CR2E034 (11/05) Cha-P City & SAN CRISTOBAL City & State 4. FEI Number Applied For 65-0615190 N M 87564 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GOLDIS, DAVID Street Address (P.O. Box Number is Not Acceptable) 4101 RAVENSWOOD ROAD, SUITE 111 FORT LAUDERDALE, FL 33312 City Zip Code 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. printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing In accordance with s. 607.193(2)(b), F.S., the \$5.00 May Be Due by September 6, 2006 Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. DA VADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. PD TITLE ☐ Delete TITLE Change ☐ Addition P O BOX 178 SAN CRISTOBAL SCHWEITZER, DAVID NAME STREET ADDRESS 4101 RAVENSWOOD ROAD, SUITE 111 STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33312 CITY - ST- 7IP Detete DBF TITLE ☐ Change ■ Addition GOLDIS, DAVID NAME STREET ADDRESS 4101 RAVENWOOD ROAD, SUITE 111 STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33312 CITY-ST-ZIP ☐ Defete nn e TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DDE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete nn F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete NN F ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 recent 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: (

DAVID J SCHWEITZER

05-01-2006

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FILED