


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000005998	
1. Entity Name DORHEINZ INTERNATIONAL, INC.	

Principal Place of Business 1717 SOUTH OCEAN BOULEVARD #15 LAUDERDALE BY THE SEA, FL 33062	Mailing Address 1717 SOUTH OCEAN BOULEVARD #15 LAUDERDALE BY THE SEA, FL 33062
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01092006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0646301	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES, FL 33134

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1100000481571 04/19/06-80027-020 158.75
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10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	PIRING, FEMMY E
STREET ADDRESS	1717 SOUTH OCEAN BOULEVARD #15
CITY-ST-ZIP	LAUDERDALE BY THE SEA, FL 33062
TITLE	VP
NAME	BARRY HOBER
STREET ADDRESS	1717 SOUTH OCEAN BOULEVARD #15
CITY-ST-ZIP	LAUDERDALE BY THE SEA, FL 33062
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Barry Hober **BARRY HOBER** 3-30-2006 (954) 941-9411

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Listing Phone #