


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 24, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000019642**

1. Entity Name  
 ESTATE RESOURCES MANAGEMENT, INC.



Principal Place of Business 301 YAMATO ROAD SUITE 2200 BOCA RATON, FL 33431	Mailing Address 301 YAMATO ROAD SUITE 2200 BOCA RATON, FL 33431
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02072006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0645889	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TWIST, EDWIN B  
 301 YAMATO RD  
 SUITE 2200  
 BOCA RATON, FL 33431

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

**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

UN00000446643  
 03/08/06-80021-006 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENRY, JOHN W 301 YAMATO ROAD, SUITE 2200 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST TWIST, EDWIN B 301 YAMATO ROAD, SUITE 2200 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TALISMAN, HAROLD 301 YAMATO RD, STE 2200 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HUMPHREY, CYNDI 301 YAMATO RD, STE 2200 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: Edwin B. Twist Edwin B. Twist, VP 2/7/06 561-241-0015  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #