

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

<b>DOCUMENT # P96000033396</b>		
1. Entity Name 270 SOUTH COUNTY ROAD CORP.		
Principal Place of Business 250 WORTH AVE PALM BEACH, FL 33480	Mailing Address 250 WORTH AVE PALM BEACH, FL 33480	 02132006 No Chg-P CR2E034 (11/05)
<b>DO NOT WRITE IN THIS SPACE</b>		
4. FEI Number 65-0671953		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable
6. Name and Address of Current Registered Agent  HANDELSMAN, BURTON 250 WORTH AVE PALM BEACH, FL 33480		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
<b>10. OFFICERS AND DIRECTORS</b>		<b>DO NOT WRITE IN THIS SPACE</b>  000000492422 04/19/06-80062-021 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HANDELSMAN, STEVE 18 HOTEL DR. WHITE PLAINS, NY	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STOCKER, MARSHA 5 LOVE LANE HARRISON, NY	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS HANDELSMAN, BURTON 250 WORTH AVE PALM BCH, FL 33480	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS HANDLES MAN, LUCILLE 250 WORTH AVE PALM BEACH, FL 33480	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS HANDLES MAN, SANDY 3 LOVE LANE HARRISON, NY	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>3-30-06</u> Daytime Phone # _____