


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

**DOCUMENT # P96000033396**  
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
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02132006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0671953	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
  
HANDELSMAN, BURTON  
250 WORTH AVE  
PALM BEACH, FL 33480

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

**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

10. OFFICERS AND DIRECTORS	
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	

000000492422  
04/19/06-80062-021 150.00

**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:  **3-30-06**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #