2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED DOCUMENT # P96000049356 Feb 09, 2006 08:00 AM **Secretary of State** IRWIN WOLFE & ASSOCIATES, INC. Principal Place of Business Mailing Address 6529 PIEMONTE DR. 6529 PIEMONTE DR. **BOYNTON BEACH FL 33437 BOYNTON BEACH FL 33437** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 65-0678287 Not Applicable Zip Country Žφ 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 Name WOLFE, IRWIN Street Address (P.O_Box Number is Not Acceptable) 6529 PIÉMONTE DR. **BOYNTON BEACH FL 33437** City Zip Code FL 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, typers or printed name of registering agent and title it applicable (NOTE Registered Agent signature required when remistating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11" 11. TITLE ☐ Delete THEF Change ☐ Addition MAME IRWIN, WOLFE NAME U00000426614 STREET ADDRESS 6529 PIEMONTE DR. STREET ADDRESS 02/20/06-80050-020 150.00 EITY-ST-7IP **BOYNTON BEACH FL 33437** GHY-ST-ZIP ☐ Delete Addition TITLE TITLE Change MAME NAME SNAIDER, SUSAN STREET ADDRESS STREET ADDRESS 6529 PIEMONTE DR. CBY-ST-2IF BOYNTON BEACH FL 33437 CITY-ST-7IP ☐ Delete THLE 190 ☐ Change AUG B NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Austine HRE Change MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-Zip TITLE ☐ Defete MLE ☐ Change Ailin. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP ☐ Delete Change Addition STRELT ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I Turther 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.

ING OFFICER OR DIRECTOR

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN