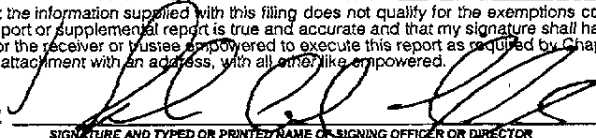


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000061095			
1. Entity Name FRITZ EQUITIES, INC.			
Principal Place of Business 26100 SW 112 AVE HOMESTEAD, FL 33032 US		Mailing Address 26100 SW 112 AVE HOMESTEAD, FL 33032 US	
DO NOT WRITE IN THIS SPACE			
		01202006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 65-0683977	Applied For ☐ Not Applicable
		5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent CROWN, HOWARD L C/O GRANT, FRIDKIN, & PEARSON P.A. 5551 RIDGEWOOD DR SUITE 501 NAPLES, FL 34108		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 _____			
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		DO NOT WRITE IN THIS SPACE 000000400226 02/01/06-80043-022 150.00	
TITLE	D		
NAME	FRITZ, JOYCE		
STREET ADDRESS	26100 SW 112 AVE		
CITY-ST-ZIP	HOMESTEAD, FL 33032		
TITLE	D		
NAME	FRITZ, JOHN CALVIN		
STREET ADDRESS	26100 SW 112 AVE		
CITY-ST-ZIP	HOMESTEAD, FL 33032		
TITLE	D		
NAME	FRITZ, JAMES LOUIS		
STREET ADDRESS	26100 SW 112 AVE		
CITY-ST-ZIP	HOMESTEAD, FL 33032		
TITLE	D		
NAME	FLOYD, JENNIFER FRITZ		
STREET ADDRESS	26100 SW 112 AVE		
CITY-ST-ZIP	HOMESTEAD, FL 33032		
TITLE	D		
NAME	FRITZ, JEFFREY ERROL		
STREET ADDRESS	26100 SW 112 AVE		
CITY-ST-ZIP	HOMESTEAD, FL 33032		
TITLE	D		
NAME	FRITZ, JACK STEPHEN		
STREET ADDRESS	26100 SW 112 AVWE		
CITY-ST-ZIP	HOMESTEAD, FL 33032		
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: 		Date 1/23/06	Daytime Phone # 35-418-3411