


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000079394 1. Entity Name THE GOODMAN CO. SOUTHEAST, INC.	
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Principal Place of Business 777 SOUTH FLAGLER DRIVE STE 1101 EAST WEST PALM BEACH, FL 33401	Mailing Address 777 SOUTH FLAGLER DRIVE STE 1101 EAST WEST PALM BEACH, FL 33401
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04202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0701471	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SILVESTRI, LAWRENCE 777 SOUTH FLAGLER DRIVE WEST PALM BEACH, FL 33401

**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 reinstalling) _____ 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 ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SILVESTRI, LAWRENCE A 777 S FLAGLER DR., SUITE 1101E WEST PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHEWALTER, WILLIAM A 777 S FLAGLER DR, SUITE 1101E W PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS GARVIN, DORANNE M 777 S. FLAGLER DR. SUITE 1101E WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/15/06-80057-022 158.75

**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: William A. Shewalter April 27, 2006 561-833-3777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

William A. Shewalter, Treasurer