

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 8:00 am
Secretary of State

01-27-2006 90032 017 ***150.00

DOCUMENT # P97000001514						
1. Entity Name GREGORY LIEBMAN, INC.						
Principal Place of Business 8646 VISTA DEL BOCA DR BOCA RATON, FL 33433			Mailing Address 8646 VISTA DEL BOCA DR BOCA RATON, FL 33433			
2. Principal Place of Business 256 SPANBILL LN N Suite, Apt. #, etc.		3. Mailing Address 256 SPANBILL LN N Suite, Apt. #, etc.				
City & State JUPITER FL		City & State JUPITER FL		4. FEI Number 65-0762038		
Zip 33458		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent LIEBMAN, GREGORY 8646 VISTA DEL BOCA DR BOCA RATON, FL 33433			7. Name and Address of New Registered Agent Name: LIEBMAN, GREGORY Street Address (P.O. Box Number is Not Acceptable): 256 SPANBILL LN N City: JUPITER FL Zip Code: 33458			
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)						
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE PD	NAME LIEBMAN, GREGORY D		<input type="checkbox"/> Delete	TITLE PD	NAME LIEBMAN, GREGORY D	
STREET ADDRESS 8646 VISTA DEL BOCA DR	CITY-ST-ZIP BOCA RATON, FL 33433		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 256 SPANBILL LN N	CITY-ST-ZIP JUPITER FL 33458	
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME	STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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: _____ <i>GREGORY LIEBMAN</i>						
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR						
Date: 1/19/06 (772) 2156813						