2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

t. Entity Nam	MENT # P97000050 APITAL, INC.	81		Mar 03, 2006 08:00 AM Secretary of State
D :   D :		Nacional Address		
Principal Place of Business 72 IVY ROAD		Mailing Address 72 IVY ROAD		
HOLLYWOOD FL 33021		HOLLYWOOD FL 3302	1	
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. II, etc.		Suite, Apt. #, etc.		tst MOORE CR2E034 (10/05)
City & State		City & State		4. FEI Number 59-3427378 Applied For Inot Applied for
Zip	Country	Zip	Country	5. Certificate of Status Desired Security Securi
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
APPLEMAN, MITCHELL 72 IVY ROAD			Name	·
			Street Addres	Street Address (P.O. Box Number is Not Acceptable)
HO	LLYWOOD FL 33021	·		
}			City	FL Zip Code
SIGNATURE F After	Signature, types or praided retire of registered agent  FILE NOW!!! FEE IS \$150.00  May 1, 2006 Fee Will Be \$550.0  k Payable to Florida Department of	0	Registored Agent signature resp	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME	VT APPLEMAN, MITCHELL	☐ Delete	TITLE NAME	☐ Change ☐ Additio
STREET ADDRESS	72 IVY ROAD		STREET ADDRESS	
TITLE	HOLLYWOOD FL 33021	☐ Dejeto	CITY-ST-ZIP	<u> </u>
MAMC STREET ADDRESS CITY-ST-ZIP	MICHAELSON, WILLIAM 2056 BERKSHIRE D DEERFIELD BEACH FL 33442	ייי יייי פואט נ	Title Name Streed address City-St-Zip	eov. ) ວະເກວ. (901) ቀጋ-በ1757
Trite (	ם	Drinia .	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS	SPRUNG, LILLIAN 2056 BERKSHIRE D		NAME STRLET ADDRESS	
CHY-ST-ZIP	DEERFIELD BEACH FL 33442	☐ Delete	CHY-ST-ZIP TITLE	☐ Change ☐ Addison
NAME		C) paléte	NAME	Creasing C. 17:
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	
TITLE		☐ Delete	तहर	☐ Change ☐ Addiiii
NAME			NAME DIDECT ADDRESS	_
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TITLE		☐ Delete	DIFE	☐ Change ☐ Actific
NAME STREET ADDRESS	1		NAME STREET ADDRESS	
CITY-ST-ZIP			City-SI-Zip	

**FILED** 

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutes 1 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 it made under oath, that I am an officer or direction 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 1 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William William Chapter of Directors with the information of the exemptions contained in Section 119. Florida Statutes 1 further certify that the information indicated on this report of the same legal effect as it made under oath, that I am an officer or direction of the corporation or the receiver or trustee amount of the corporation or the receiver of trustee amount of the corporation of the receiver of trustee amount of the corporation or the receiver of trustees and that my name appears in Block 10 or Block 1 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William Proceed on PRINTED NAME OF STUMMS OFFICER OR DIRECTOR.