2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 17, 2006 8:00 am Secretary of State

DOCUMENT # P9700007491 1. Entity Name D. SALL ENTERPRISES, INC.					04-17-2000	6 90348 038 *:	**150.00
Principal Place of Business Mailing Address					و		
4025 BIRCHWOOD DRIVE BOCA RATON, FL 33487	4025 BIRCHWOOD DRI BOCA RATON, FL 3348				i.		
2. Dringingt Place of Business	a didannauecne	ma é	CO CDA				
2. Principal Place of Business	3.C/OngBRAKESBERG & CO CPAS 951 SW4TH AVE			<u> </u>			
Suite, Apt. #, etc.	Suite, Apt. #, etc.		04072006	Chg-P	CR2E034 (11/	05)	
City & State City & State BOCA RATON FI		FL		4. FEI Numbe 65-072			Applied For Not Applicable
Zip Country	Zip 33432	Coun	try	5. Certificate	of Status Desired	□ \$8.75 Fee Rec	Additional quired
6. Name and Address of Current		'		7. Name and	Address of New F	Registered Agent	
SALL, DAVID			Name				
4025 BIRCHWOOD DRIVE BOCA RATON, FL 33487			Street Address (P.O. Box Number is Not Acceptable)				
· ·							
			City			FL Zip	Code
The above named entity submits this statement to the obligations of registered agent.	the purpose of changing its	registere	ed office or reg	gistered agent, or bo	th, in the State of Flo	orida. I am familiar	with, and accept
SIGNATURE Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registere	d Agent signature re	equired when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.0	9. Election Campa Trust Fund Conf	-	~ —	\$5.00 May Be Added to Fees		,	
10. OFFICERS AND	OFFICERS AND DIRECTORS 11.			ADDITIONS	CHANGES TO OFF	FICERS AND DIREC	TORS IN 11
TITLE D	☐ Delete	TITLE				☐ Cha	nge 🔲 Addition
NAME SALL, DAVID STREET ADDRESS 4025 BIRCHWOOD DRIVE	I I		E Et address				
CITY-S1-ZIP BOCA RATON, FL 33487			-ST-ZIP				
TITLE D	☐ Delete	TITLE	E			☐ Cha	nge Addition
NAME SALL, AMY B	·						
l l			ET ADDRESS -ST-ZIP				
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CITY-ST-ZIP			-ST-ZIP				
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CITY-ST-ZIP TITLE	☐ Delete	STRE	EET ADDRESS '-ST-ZIP			☐ Cha	inge Addition
	☐ Delible	STRE	EET ADDRESS '-ST-ZIP E			☐ Cha	inge 🗌 Addilion
TITLE	□ Delete	STRE CITY TITLI NAM STRE	EET ADDRESS '-ST-ZIP E			☐ Cha	inge 🗌 Addition

12. I hereby certify that the information supplied with this filing does not quality 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:

DAVID SALL

U-13-06

(361) 988-0590.

Oaytime Phone #

PRESIDENT