2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

of the corporation or the receiver or trustee empoy changed, or on an attachment with an address,

SIGNATURE:

May 01, 2006 8:00 am Secretary of State DOCUMENT # P97000023745 05-01-2006 90383 032 ***150.00 SOMETHING ELSE, INC. Principal Place of Business Mailing Address 20423 STATE RD 7 20423 STATE RD 7 **SUITE 479** SUITE 479 BOCA RATON, FL 33498 US BOCA RATON, FL 33498 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04212006 CR2E034 (11/05) Cha-P City & State City & State 4. FEI Number Applied For 65-0727363 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired __ _ _ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SAMUELS, HARRY M Street Address (P.O. Box Number is Not Acceptable) 2901 STIRLING ROAD 307 FT LAUDERDALE, FL 33312 307 Suite Zip Code 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 of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or p 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DPS TITLE ☐ Delete TITLE ☐ Addition GOLDSTEIN, FLORA D NAME NAME STREET ADDRESS 20423 STATE ROAD 7 STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33498 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change THE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 empowers to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

OFFICER OR DIRECTOR

FILED