


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90018 030 ***150.00

DOCUMENT # P97000074257

1. Entity Name
THE FEVER CORP.



Principal Place of Business Mailing Address

1035 N.W. 21ST TERRACE MIAMI FL 33127 **6840 SW 129 TERRACE MIAMI FL 33156**

7690 S.W. 127th St MIAMI FL 33156 **7690 S.W. 127th St MIAMI FL 33156**


2. Principal Place of Business 3. Mailing Address

7690 S.W. 127th St MIAMI, FL **7690 S.W. 127th St MIAMI FL**

Suite, Apt. #, etc. City & State

Zip Country Zip Country

33156 USA 33156 USA



1st MOORE CR2E034 (10/05)

4. FEI Number **65-0782337** Applied For Not Applicable

6. Name and Address of Current Registered Agent

RIEDER, TOM
6840 SW 129 TERRACE
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name **Douglas R. Fischer**

Street Address (P.O. Box Number is Not Acceptable) **7690 S.W. 127th St**

City **Miami** FL Zip Code **33156**

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 **Douglas R. Fischer** **RZ** **2-19-06**

Signature: Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	FUHRMAN, TOM R	
STREET ADDRESS	1035 N.W. 21ST TERRACE	
CITY-ST-ZIP	MIAMI FL 33127	
TITLE	D	<input type="checkbox"/> Delete
NAME	FISCHER, D.ROSS	
STREET ADDRESS	7690 SW 127 STREET	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	D	<input type="checkbox"/> Delete
NAME	RIEDER, WM THOMAS	
STREET ADDRESS	6840 SW 129 TERR	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

Delete. sold shares to Fischer.

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: **Douglas R. Fischer** **RZ** **2-19-06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date