

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2006 8:00 am**  
**Secretary of State**

03-30-2006 90019 032 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                |                                                                                     |                                                                              |                                                                                                                                                                               |  |
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| <b>DOCUMENT # P97000107393</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                |                                                                                     |                                                                              |                                                                                              |  |
| 1. Entity Name<br><b>SUSAN BOTWINICK, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                |                                                                                     |                                                                              |                                                                                                                                                                               |  |
| Principal Place of Business<br><b>19740 SAWGRASS DR STE 802<br/>BOCA RATON, FL 33434</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                |                                                                                     | Mailing Address<br><b>19740 SAWGRASS DR STE 802<br/>BOCA RATON, FL 33434</b> |                                                                                                                                                                               |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                |                                                                                     | 3. Mailing Address                                                           |                                                                                                                                                                               |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                |                                                                                     | Suite, Apt. #, etc.                                                          |                                                                                                                                                                               |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                |                                                                                     | City & State                                                                 |                                                                                                                                                                               |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                                                                                                                        | Zip                                                                                 | Country                                                                      | 4. FEI Number<br><b>65-0802606</b>                                                                                                                                            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                |                                                                                     |                                                                              | Applied For<br>Not Applicable                                                                                                                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                |                                                                                     |                                                                              | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                               |  |
| 6. Name and Address of Current Registered Agent<br><b>BOTWINICK, SUSAN<br/>19740 SAWGRASS DR STE 802<br/>BOCA RATON, FL 33434</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                |                                                                                     |                                                                              | 7. Name and Address of New Registered Agent                                                                                                                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                |                                                                                     |                                                                              | Name                                                                                                                                                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                |                                                                                     |                                                                              | Street Address (P.O. Box Number is Not Acceptable)                                                                                                                            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                |                                                                                     |                                                                              | City                                                                                                                                                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                |                                                                                     |                                                                              | FL 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 _____<br><small>(Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reappointing))</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                |                                                                                     |                                                                              |                                                                                                                                                                               |  |
| FILE NOW!! FEE IS \$150.00<br>After May 1, 2006 Fee will be \$550.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                              | \$5.00 May Be<br>Added to Fees                                                                                                                                                |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                |                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                        |                                                                                                                                                                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | PSTD<br>BOTWINICK, SUSAN<br>19740 SAWGRASS DR STE 802<br>BOCA RATON, FL 33434                                                  |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <del>SUSAN BOTWINICK</del><br><del>7847 LAKESIDE BLVD</del><br><del>BOCA RATON, FL 33434</del> <input type="checkbox"/> Delete |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                           | <div style="border: 1px solid black; padding: 5px;"><i>B</i> Susan Botwinick<br/>7847 Lakeside Blvd Apt 1063<br/>Boca Raton, FL 33434</div> <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                                                |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                             |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                                                |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                             |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                                                |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                             |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                                                |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                             |  |
| 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: <u>Susan Botwinick</u> <i>Susan Botwinick</i> 3/27/06 561-483-8408<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                |                                                                                     |                                                                              |                                                                                                                                                                               |  |

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