


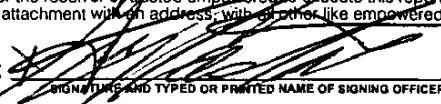


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2006 8:00 am
Secretary of State

07-25-2006 90021 032 ***150.00

DOCUMENT # P98000009468 1. Entity Name GUY ANTHONY & COMPANY, INC.					
Principal Place of Business 2900 NORTH MILITARY TRAIL SUITE 100 BOCA RATON, FL 33431			Mailing Address 2900 NORTH MILITARY TRAIL SUITE 100 BOCA RATON, FL 33431		
2. Principal Place of Business 1900 NE 59th PLACE Suite, Apt. #, etc.		3. Mailing Address 1900 NE 59th PLACE Suite, Apt. #, etc.			
City & State FT. LAUDERDALE, FL.		City & State FT. LAUDERDALE, FL.		4. FEI Number 65-0865766	
Zip 33308		Country BROWARD		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CASTALDO, GUY 21401 POWERLINE RD., SUITE 4 BOCA RATON, FL 33433			7. Name and Address of New Registered Agent Name CASTALDO, GUY Street Address (P.O. Box Number is Not Acceptable) 1900 NE 59th PLACE City FT. LAUDERDALE FL Zip Code 33308		
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  DATE 7/19/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP D CASTALDO, GUY 21401 POWERLINE RD., SUITE 4 BOCA RATON, FL 33433 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1900 NE 59th PLACE FT. LAUDERDALE FL 33308		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS 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 or without like empowered.					
SIGNATURE: 				Date 7/19/06 Daytime Phone # 954-876-1065	