## ----2006 FOR PROFIT CORPORATION ANNUAL REPORT

6. Name and Address of Current Registered Agent

## DOCUMENT # P98000024289

Entity Name
 CLOSET WORLD, INC.



FILED Feb 20, 2006 08:00 AN Secretary of State

Not Applicable

\$8.75 Additional

Fee Required

Principal Place of Business

Mailing Address

3430 SW 15TH COURT FT LAUDERDALE, FL 33312 3430 SW 15TH COURT FT LAUDERDALE, FL 33312

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 $\Box$ 

65-0851383

5. Certificate of Status Desired

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	02182006	No Chg-P	CR2E034 (11/05)
DO NOT WRITE IN THIS SPACE	4 FEI Number		Applied Fo

LANDERS, CHARLES DO NOT WRITE **3430 SW 15TH COURT** FT LAUDERDALE, FL 33312 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE LANDERS, DAVID NAME STREET ADDRESS 3430 SW 15TH COURT CITY-ST-ZIP FT LAUDERDALE, FL 33312 บล/กล/กล-ค่ากลัส-022 150.00 TITLE NAME LANDERS, ROBERT CHARLES SR STREET ADDRESS 3430 SW 15TH COURT CITY-ST-ZIP FT LAUDERDALE, FL 33312 ME LANDERS, MARK NAME STREET ADDRESS 3430 SW 15TH COURT DO NOT WRITE CITY-ST-ZIP FT LAUDERDALE, FL 33312 TITLE IN THIS SPACE KINGSLEY, TERRI NAME STREET ADDRESS 3430 SW 15TH COURT CITY-ST-ZIP FT LAUDERDALE, FL 33312 THE NAME STREET ADDRESS

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:

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/06 Date Davime Phone A