

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 22, 2006 8:00 am**  
**Secretary of State**

03-22-2006 90011 010 \*\*\*150.00

<b>DOCUMENT # P98000034564</b> 1. Entity Name <b>TREISER-LOEHR, INC.</b>					
Principal Place of Business <b>P.O. BOX 7652 ST PETERSBURG, FL 33734</b>			Mailing Address <b>P.O. BOX 7652 ST PETERSBURG, FL 33734</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>59-3506778</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>BERNSTEIN, ANITA T 4900 48 AVE NO ST PETERSBURG, FL 33709</b>				7. Name and Address of New Registered Agent Name <b>BERNSTEIN ANITA TREISER</b> Street Address (P.O. Box Number is Not Acceptable) <b>5088 SHORE ACRES BLVD. NE</b> City <b>ST. PETERSBURG</b> <b>FL</b> Zip Code <b>33703</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD BERNSTEIN, ANITA TREISER 4900 48 AVE NO ST PETERSBURG, FL 33709</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>5088 SHORE ACRES BLVD. NE St. Petersburg, FL 33703</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VTD LOEHR, NANCY E 4900 48 AVE NO ST PETERSBURG, FL 33709</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>13309 BOCA GIEGA AVE. MADEIRA BEACH, FL 33708</b>	
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	
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 all other like empowered.					
<b>SIGNATURE:</b> <u>Anita Treiser Bernstein</u> <b>3/20/06</b> <b>727-526-6350</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					