## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: \_

## FILED May 04, 2006 8:00 am Secretary of State

DOCUMENT # P98000035053  1. Entity Name NEPTUNE WAREHOUSE, INC.							05-04-2006 9	90193 02	7 ***150	.00
Principal Place of Business Mailing Address 4524 GUN CLUB ROAD 4524 GUN CLUB ROAD SUITE 212 WEST PALM BEACH, FL 33415 WEST PALM BEACH, FL 3341						4	0.082524			
2. Principal Pl	ace of Business  Military Trail 8  #, etc.	. Mailing Address 3845 N. Mil Suite, Apt. #, etc. Suite 100		ry Tra	ail	03062006	Chg-P	• •••••	4 (11/05)	
City & State	9	City & State			T. T.	4. FEI Numbe			<u> </u>	plied For Applicable
33410	each Gardens, FL Country Palm Beach	Palm Beach <sup>Zip</sup> 33410	Count	r <del>dens</del> , n Beac			of Status Desired		8.75 Addi	tional
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent										
REICHEL, WILLIAM B 4524 GUN CLUB ROAD SUITE 212 WEST PALM BEACH, FL 33415				REichel, William B Street Address (P.O. Box Number is Not Acceptable)  8845 N. Military Trail						
	* . *			City	- D	b - C-		FL	Zip Code	
8. The above named entity symmits this statement for the purpose of changing its registered office of						each Ga ed agent, or bot	<b>LTGENS</b> h. in the State of Flo		1 334	
the obligations of registered agent.  SIGNATURE  Signature, typed opinion name of registered agent and bits 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  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees										
10.	OFFICERS AND DIR	ECTORS	11.			ADDITIONS/	CHANGES TO OFF	ICERS AND	DIRECTORS	IN 11
TITLE	D DEIGUEL MAILLIAM B	☐ Delete	TITLE		D :	Reiche:	l Willian	n B.	Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	REICHEL, WILLIAM B 4524 GUN CLUB ROAD SUITE 212 WEST PALM BEACH, FL 33415			ET ADDRESS -ST-ZIP			Military ch Garder		-	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u> </u>	☐ Delete	TITLE NAMI STRE			Im Scar	our der		☐ Change	Addition
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THRE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY	EET ADDRESS '-ST-ZIP					☐ Change	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 seport 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 true fee 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 practices, with all wher like empowered.										