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Secretary of State

04-26-2006 90197 042 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000035203

1. Entity Name
ANCHOR SEAWALL, INC.

400063481

04112006 Chg-P CR2E034 (11/05)

Principal Place of Business	Mailing Address
91 NE 9TH STREET #46 POMPANO BEACH, FL 33060	P.O BOX 50502 LIGHTHOUSE POINT, FL 33074

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 65-0828738 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KRUG, MICHAEL A 91 NE 9 STREET BAY 46 POMPANO BEACH, FL 33060	Name: Michael Krug Street Address (P.O. Box Number is Not Acceptable): 7041 W. Comm. Blvd Ste 6A City: Tamarac FL Zip Code: 33319

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: [signature] 4-20-06

Signature, typed or printed name of registered agent and title 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 Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KRUG, MICHAEL A 91 NE 9 ST., BAY 46 POMPANO BEACH, FL 33060 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	12093 170th Road North Jupiter, Florida 33478 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: [signature] 4-20-06 954-788-7700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #