
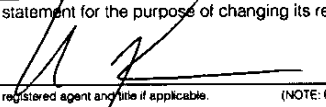
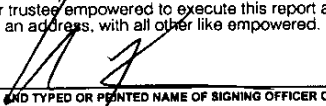


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 07, 2006 8:00 am**  
**Secretary of State**

07-07-2006 90001 018 \*\*\*150.00

<b>DOCUMENT # P98000064738</b> 1. Entity Name 720 CORP.																																					
Principal Place of Business 50 CENTRAL AVE UNIT 178 SARASOTA, FL 34236			Mailing Address P.O. BOX 49586 SARASOTA, FL 34230																																		
2. Principal Place of Business 50 Central Ave. Suite, Apt. #, etc. Unit 1702 City & State Sarasota Florida Zip 34236 Country USA		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																																			
4. FEI Number 65-0867468				Applied For Not Applicable																																	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				05042006 Chg-P CR2E034 (11/05)																																	
6. Name and Address of Current Registered Agent KAPLAN, MARVIN 50 CENTRAL AVE UNIT 178 SARASOTA, FL 34236			7. Name and Address of New Registered Agent Name Marvin Kaplan Street Address (P.O. Box Number is Not Acceptable) 50 Central Ave. Unit 1702 City Sarasota FL Zip Code 34236																																		
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: 6/5/06																																					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 6, 2006</b>		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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;">           P <input type="checkbox"/> Delete            KAPLAN, MARVIN            P.O. BOX 49586            SARASOTA, FL 34230         </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <input type="checkbox"/> Delete KAPLAN, MARVIN P.O. BOX 49586 SARASOTA, FL 34230															11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  DATE: 6/5/06 DAYTIME PHONE #: 941-587-9000 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																					

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