


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000068268</b> 1. Entity Name <b>LIPSON FAMILY ENTERPRISES, INC.</b>	
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Principal Place of Business <b>1502 CAYMAN WY, #A-4 COCONUT CREEK, FL 33066</b>	Mailing Address <b>1502 CAYMAN WY, #A-4 COCONUT CREEK, FL 33066</b>
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01102006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0861154</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>ASARCH, STEVEN J 1900 NW CORPORATE BLVD STE 400 E BOCA RATON, FL 33431</b>
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**DO NOT WRITE  
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 \_\_\_\_\_ (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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIPSON, STEPHEN J 27 VILES ST WESTON, MA 02193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIPSON, JEANETTE 1502 CAYMAN WY, #A-4 COCONUT CREEK, FL 33066
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIPSON, ROBERT A 108 PIONEER STREET COOPERSTOWN, NY 133261394
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: *Jeanette Lipson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/06 954-977-4844  
Date Daytime Phone