2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 27, 2006 08:00 AN Secretary of State **DOCUMENT # P99000057473** 1. Entity Name CLAUDE EYCHENNE INC. Principal Place of Business Mailing Address 2852 E. OAKLAND PARK BLVD. 2852 E. OAKLAND PARK BLVD. FORT LAUDERDALE, FL 33306 FORT LAUDERDALE, FL 33306 04062006 CR2E034 (11/05) No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0929665 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent VIVIES, PATRICK DO NOT WRITE 700 E. DANIA BEACH BLVD. SUITE 202 IN THIS SPACE **DANIA, FL 33004** 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. **PDTS** TITLE EYCHENNE, CLAUDE NAME STREET ADDRESS 2852 EAST OAKLAND PARK BLVD. FORT LAUDERDALE, FL 33306 CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 affoliar like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CiTY-ST-ZIP

> TURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR