

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 13, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # P99000070050**

**1. Entity Name  
ETI WARRANTY FINANCE CORPORATION**



**Principal Place of Business  
2393 S. CONGRESS AVE.  
WEST PALM BEACH, FL 33406**

**Mailing Address  
P.O. BOX 5417  
LAKE WORTH, FL 33466-5417**



01102006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number  
65-0953417**

**Applied For  
Not Applicable**

**5. Certificate of Status Desired**

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**FINKELSTEIN, MYRON H  
2393 S CONGRESS AVE  
WEST PALM BEACH, FL 33406**

**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**

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**

**TITLE PD  
NAME FINKELSTEIN, MYRON H  
STREET ADDRESS 2393 S. CONGRESS AVE.  
CITY-ST-ZIP WEST PALM BEACH, FL 33406**

**TITLE D  
NAME MANNING, DANA  
STREET ADDRESS 1524 HIDDEN LN  
CITY-ST-ZIP ANCHORAGE, AK 99501**

**TITLE CD  
NAME SEAMAN, CARL  
STREET ADDRESS 2393 S. CONGRESS AVE.  
CITY-ST-ZIP WEST PALM BEACH, FL 33406**

**TITLE VTS  
NAME BLAKE, JAMES  
STREET ADDRESS 2393 S. CONGRESS AVE  
CITY-ST-ZIP WEST PALM BEACH, FL 33406**

**TITLE V  
NAME PRENDAMANO, JOSEPH  
STREET ADDRESS 2393 S. CONGRESS AVE  
CITY-ST-ZIP WEST PALM BEACH, FL 33406**

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

**1/10/06 (561) 968-9102**