

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000072016	
1. Entity Name MAIN STREET NEWS, INC.	

Principal Place of Business 255 ROYAL POINCIANA WAY PALM BEACH, FL 33480	Mailing Address 222 LAKEVIEW AVE, PH #5 WEST PALM BEACH, FL 33401
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent KOEPPPEL, JOEL P ESQ 525 SOUTH FLAGLER DRIVE SUITE 200 WEST PALM BEACH, FL 33401	DO NOT WRITE IN THIS SPACE
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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
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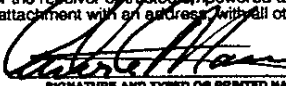
10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MORRISON, CARLOS 222 LAKEVIEW AVE, PH #5 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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11/03/06--01018--015 *600.00**

REINSTATEMENT 06

**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:  **CARLOS MORRISON**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-06 561-832-6070
Date Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 NOV -3 PM 4:46 DL6

06/27/06 90036 041 \$150.00



04182006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0941146	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	