2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000072016

1. Entity Name
MAIN STREET NEWS, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 NOV -3 PM 4:46 06

06/27/06 90036 041 #150.00

Principal Place of Business	Mailing Address
255 ROYAL POINCIANA WAY PALM BEACH, FL 33480	222 LAKEVIEW AVE, PH #5 WEST PALM BEACH, FL 33401

04182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0941146
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KOEPPEL, JOEL P ESQ
525 SOUTH FLAGLER DRIVE
SUITE 200
WEST PALM BEACH, FL 33401

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D
NAME	MORRISON, CARLOS
STREET ADDRESS	222 LAKEVIEW AVE, PH #5
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

400081493254
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 C MORRISON 4-24-06 561-832-6070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #