

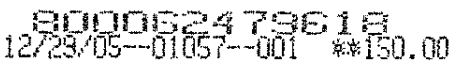
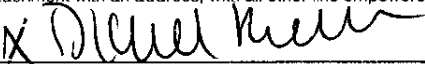


2006 FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P99000081799			FILED 06 JAN -6 AM 11:13 SECRETARY OF STATE TALLAHASSEE, FLORIDA
1. Entity Name SINCERELY YOURS, DIANE, INC.			
Principal Place of Business 1250 WEST NEWPORT CENTER DRIVE DEERFIELD BEACH, FL 33442 US	Mailing Address 1250 WEST NEWPORT CENTER DRIVE DEERFIELD BEACH, FL 33442 US	 03282005 No Chg-P CR2E034 (10/03)	
DO NOT WRITE IN THIS SPACE			
6. Name and Address of Current Registered Agent BLOCH, STUART E ESQ. BLOCH & MINERLEY, P.L. 980 N. FEDERAL HIGHWAY, SUITE 205 BOCA RATON, FL 33432		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.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	D	 12/23/05--01057--001 **150.00 DO NOT WRITE IN THIS SPACE	
NAME	BENDER, DIANE S		
STREET ADDRESS	1250 WEST NEWPORT CENTER DRIVE		
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442		
TITLE			
NAME			
STREET ADDRESS		DO NOT WRITE IN THIS SPACE	
CITY-ST-ZIP			
TITLE			
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NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		Date: 12-26-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	