


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # S21712**  
 1. Entity Name  
**CAMBRIDGE ASSET MANAGEMENT, INC.**



|  |  |
|--|--|
| <b>Principal Place of Business</b><br>3850 HOLLYWOOD BLVD<br>SUITE 400<br>HOLLYWOOD, FL 33021-6746 | <b>Mailing Address</b><br>3850 HOLLYWOOD BLVD<br>SUITE 400<br>HOLLYWOOD, FL 33021-6746 |
|--|--|



03152006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br><b>65-0233578</b>                        | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |

**6. Name and Address of Current Registered Agent**  
 CORNFELD ROBERT M.  
 3850 HOLLYWOOD BLVD 400  
 SUITE 485 SOUTH  
 HOLLYWOOD, FL 33021

**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 \_\_\_\_\_ (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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DPVS<br>CORNFELD, JEFFREY D.<br>3850 HOLLYWOOD BLVD.<br>HOLLYWOOD, FL 33021 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>DUFEK, JOHN A<br>3850 HOLLYWOOD BLVD #400<br>HOLLYWOOD, FL 33021      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>HUROWITZ, SUSANNE<br>3850 HOLLYWOOD BLVD<br>HOLLYWOOD, FL 330216746   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

100000554814  
 05/16/06-80008-010 150.00

**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 to this address, with all other officers empowered.

SIGNATURE: Jeffrey D Cornfeld Date: 4/26/06 (954) 989-2200 Daytime Phone #