## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

changed, or on an attachment.

SIGNATURE:

## Mar 17, 2006 8:00 am Secretary of State **DOCUMENT # \$25829** 1. Entity Name 03-17-2006 90138 036 \*\*\*150.00 PFP ASSOCIATES, INC. Principal Place of Business Mailing Address 1601 FORUM PL 905 1601 FORUM PL 905 W PALM BEACH, FL 33401 US W PALM BEACH, FL 33401 US 2. Principal Place of Business 380\ PGA Blvd 3. Mailing Address 3801 PGA Suite, Apt. #, etc. Suite 910 Suite, Apt. #, etc. 03132006 Suite 910 Cha-P CR2E034 (11/05) City & State 4 EEL Number Applied For Palm Beach G Palm Beach Bardens FL 65-0242834 Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired ũ.s 33410 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Same MULLEN, ARNOLD Street Address (P.O. Box Number is Not Acceptable) 1601 FORUM PL 905 W PALM BCH, FL 33401 PGA Blud Palm Beach Gardens 8. The above named exitity su bmits this sta 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 register 3-13-06 SIGNATURE e, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE Change Addition MULLEN, ARNOLD NAME NAME 3801 PGA Blud #910 STREET ADDRESS 1601 FORUM PL. 905 STREET ADDRESS Palm Beach Gardens, FL 33410 CITY-ST-ZIP W PALM-BCH, FL 33401. CITY-ST-ZIP X Change ☐ Addition Delete TITLE TITLE COFFMAN, CAROL NAME 3801 PGA Blud #910 STREET ADDRESS 1601 FORUM PL 905 STREET ADDRESS Palm Beach Gardens FL 33410 CITY-ST-7IP W PALM BCH, EL 33401 CITY-ST-ZIP X Change Addition TITLE -TITLE -Delete 3801 PGA Blud #1910 FIREMAN, PAUL NAME NAME 1<del>601 FORUM PL 905</del> STREET ADDRESS STREET ADDRESS Palm Beach Gardens FL 33410 CITY-ST-ZIP W PALM BCH, FL 33401-CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete THIE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filling 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 is

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #