

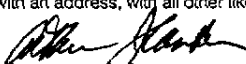


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

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|--|--|--|--|--------------------------------------|---|--|
| DOCUMENT # S29324 | |  | | | | |
| 1. Entity Name MIZNER STORALL, INC. | | | | | | |
| Principal Place of Business 400 SOUTH DIXIE HIGHWAY SUITE 322 BOCA RATON, FL 33432 | Mailing Address 400 SOUTH DIXIE HIGHWAY SUITE 322 BOCA RATON, FL 33432 |  01112006 No Chg-P CR2E034 (11/05) <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 60%; padding: 2px;">4. FEI Number NOT APPLICABLE</td><td style="width: 40%; padding: 2px;">Applied For Not Applicable</td></tr><tr><td colspan="2" style="padding: 2px;">5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</td></tr></table> | 4. FEI Number NOT APPLICABLE | Applied For Not Applicable | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
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| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | | | |
| DO NOT WRITE IN THIS SPACE | | | | | | |
| 6. Name and Address of Current Registered Agent CANTER, ARTHUR J 400 S DIXIE HWY SUITE 322 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. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees <div style="text-align: right; font-family: monospace;">1100000388896 01/20/06-80024-010 150.00</div> | | | | |
| 10. OFFICERS AND DIRECTORS | | | | | | |
| TITLE | PST | DO NOT WRITE IN THIS SPACE | | | | |
| NAME | CANTER, ARTHUR J | | | | | |
| STREET ADDRESS | 400 S DIXIE HWY #322 | | | | | |
| CITY - ST - ZIP | BOCA RATON, FL | | | | | |
| TITLE | D | | | | | |
| NAME | CANTER, ARTHUR J | | | | | |
| STREET ADDRESS | 400 S DIXIE HWY #322 | | | | | |
| CITY - ST - ZIP | BOCA RATON, FL | | | | | |
| TITLE | | | | | | |
| NAME | | | | | | |
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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 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:  ARTHUR J. CANTER 1/13/06 (561) 391-4477 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | | |