



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90131 044 ***150.00

DOCUMENT # S30594 1. Entity Name PETTY, INC.					
Principal Place of Business 548 S MASHTA DR. KEY BISCAVNE, FL 33149 US			Mailing Address 1110 BRICKELL AVE. PH #2 MIAMI, FL 33131 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 2700 N. Military Trail Suite, Apt. #, etc. Suite 350.			
City & State Boca Raton FL		City & State Boca Raton FL		4. FEI Number 65-0241226	
Zip 33431		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JANUS, HENRY L 1110 BRICKELL AVE. PH#2 MIAMI, FL 33131				7. Name and Address of New Registered Agent Name JANUS, Henry L. Street Address (P.O. Box Number is Not Acceptable) 2700 N. Military Trail Suite 350 City Boca Raton FL Zip Code 33431	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARZBERGER, GLORIA 1110 BRICKELL AVE. PH#2 MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2700 N. Military Trail Suite 350 BOCA RATON, FL 33431	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u>Gloria Arzberger</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> GLORIA ARZBERGER			03/09/2006 311-93500712 <small>Date Daytime Phone #</small>		