

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 10, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # S48700**  
 1. Entity Name  
**THE GARRETT GROUP, INC.**



|   |   |
|---|---|
| Principal Place of Business<br>2500 N MILITARY TR<br>260<br>BOCA RATON, FL 33431 US | Mailing Address<br>2500 N MILITARY TR<br>260<br>BOCA RATON, FL 33431 US |
|---|---|



04042006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

|                                    |                               |
|------------------------------------|-------------------------------|
| 4. FEI Number<br><b>65-0256781</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  
 GOLDSTEIN, ARNOLD S.  
 2500 N MILITARY TR  
 # 260  
 BOCA RATON, FL 33431

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**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 | DP<br>GOLDSTEIN, ARNOLD S<br>2500 N MILITARY TR # 260<br>BOCA RATON, FL 33431   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DTS<br>GOLDSTEIN, MARLENE J<br>2500 N MILITARY TR # 260<br>BOCA RATON, FL 33431 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

100000497383  
 04/22/06-80051-019 150.00

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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: *Marlene J Goldstein* **MARLENE GOLDSTEIN** 4/9/06 561-953-1322  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #