# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jun 16, 2006 8:00 am**
**Secretary of State**
06-16-2006 90102 002 ***158.75

DOCUMENT # V28483

1. Entity Name
BUY-THE-SQUARE-YARD INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1007 NORTH DIXIE HWY.<br>WEST PALM BEACH, FL 33401 US | 1007 NORTH DIXIE HWY.<br>WEST PALM BEACH, FL 33401 US |

DO NOT WRITE IN THIS SPACE

04272006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0310658
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HARPER, JAMES H SR
1007 NORTH DIXIE HWY.
WEST PALM BEACH, FL 33401

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 | T |
| NAME | HARPER, BRADLEY G |
| STREET ADDRESS | 3850 WHITEHALL DRIVE APT 304 |
| CITY-ST-ZIP | WEST PALM BEACH, FL 33401 |
| TITLE | P |
| NAME | HARPER, JAMES H SR. |
| STREET ADDRESS | 4 CLOISTER CIR. |
| CITY-ST-ZIP | WEST PALM BEACH, FL 33401 |
| TITLE | S |
| NAME | CHIN, TIFFANY A. |
| STREET ADDRESS | 3050 PRESIDENTIAL WAY,UNIT 302 |
| CITY-ST-ZIP | WEST PALM BEACH, FL 33401 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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:** _____ 5-1-06 561-833-6913
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #