

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 22, 2006 08:00 AM**  
**Secretary of State**

|                                                          |                                                                                   |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # V38416</b><br>1. Entity Name<br>SPHS, INC. |  |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                                            |                                                                                |
|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| Principal Place of Business<br>2295 CORPORATE BLVD NW<br>SUITE 222<br>BOCA RATON, FL 33431 | Mailing Address<br>2295 CORPORATE BLVD NW<br>SUITE 222<br>BOCA RATON, FL 33431 |
|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|



01182006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>65-0334476 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|                                  |                                                                    |
|----------------------------------|--------------------------------------------------------------------|
| 5. Certificate of Status Desired | <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |
|----------------------------------|--------------------------------------------------------------------|

|                                                                                                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br>HERRICK, NORTON<br>2295 CORPORATE BLVD NW<br>SUITE 222<br>BOCA RATON, FL 33431 |
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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 \_\_\_\_\_ 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

U000000476158  
04/05/06-80046-015 158.75

| 10. OFFICERS AND DIRECTORS                     |                                                                                |
|------------------------------------------------|--------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VST<br>HERRICK, NORTON<br>2295 CORPORATE BLVD, NW<br>BOCA RATON, FL 33431      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PASD<br>HERRICK, HOWARD<br>2 RIDGEDALE AVE STE 370<br>CEDAR KNOLLS, NJ 07927   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VASD<br>HERRICK, MICHAEL<br>2 RIDGEDALE AVE STE L370<br>CEDAR KNOLLS, NJ 07927 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>HERRICK, EVAN<br>2 RIDGEDALE AVE STE 370<br>CEDAR KNOLLS, NJ 07927        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | C<br>KERMALLI, NISAR<br>2 RIDGEDALE AVE SUITE 370<br>CEDAR KNOLLS, NJ 07927    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                |

**DO NOT WRITE  
IN THIS SPACE**

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: N. Kermalli 2/27/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #