


2006 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # V67207
 1. Entity Name
TRACY DARA KAMENSTEIN, INC.



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| Principal Place of Business 235 A WORTH AVENUE PALM BEACH, FL 33480 | Mailing Address 235 A WORTH AVENUE PALM BEACH, FL 33480 |
|---|---|

DO NOT WRITE IN THIS SPACE



03082006 No Chg-P CR2E034 (11/05)
 4. FEI Number 65-0355514 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 KAMENSTEIN, DAVID
 273 TANGLER AVE
 PALM BEACH, FL 33480

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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 _____ (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

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|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P/D KAMENSTEIN, DAVID P.O. BOX 2208 PALM BEACH, FL 33480 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD KAMENSTEIN, TRACY P.O. BOX 2208 PALM BEACH, FL 33480 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD KAMENSTEIN, CAROL P.O. BOX 2208 PALM BEACH, FL 33480 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

REC'D 03/14/06 1453671
 03/21/06-80085-013 150.00

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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: [Signature] 3/8/06 561-833-405