

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # L29149

1. Entity Name
DRUCKER & FALK MANAGEMENT CORPORATION OF FLORIDA, INC.



Principal Place of Business
**9286 WARWICK BOULEVARD
 NEWPORT NEWS, VA 23607**

Mailing Address
**9286 WARWICK BOULEVARD
 NEWPORT NEWS, VA 23607**

DO NOT WRITE IN THIS SPACE



04062006 No Chg-P CR2E034 (11/05)

4. FEI Number **65-0161353** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

**DEWITT, SHERRI K
 37 NORTH ORANGE AVE., STE. 840
 ORLANDO, FL 32801**

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 _____

**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 NAME STREET ADDRESS CITY-ST-ZIP	PD DRUCKER, ERWIN B 9286 WARWICK BLVD. NEWPORT NEWS, VA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ORANGE, JERRY 15551 HARTRIDGE ROAD DAVIE, FL 333312556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MUNICK, JOHN A JR. 9286 WARWICK BLVD. NEWPORT NEWS, VA 23607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FALK, DAVID C SR. 9286 WARWICK BLVD. NEWPORT NEWS, VA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 05/04/06-80042-025 150.00

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____