

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11055

FILED  
Jul 07, 2006  
Secretary of State

Entity Name: THE FORTRESS CORPORATION

**Current Principal Place of Business:**

ONE DESIGN CENTER PLACE  
SUITE 715  
BOSTON, MA 02210

**New Principal Place of Business:**

**Current Mailing Address:**

ONE DESIGN CENTER PLACE  
SUITE 715  
BOSTON, MA 02210

**New Mailing Address:**

FEI Number: 59-2519700      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JONES, KIM  
1629 N.E. 1ST AVE.  
MIAMI, FL 33132 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: THORNE, SIGRID P  
Address: 1 DESIGN CENTER PLACE 715  
City-St-Zip: BOSTON, MA 02210

Title: VD ( ) Delete  
Name: LEVIS-THORNE, LADD M  
Address: 1 DESIGN CTR PACE 715  
City-St-Zip: BOSTON, MA 02210

Title: D ( ) Delete  
Name: WYNNE, FREDERICK  
Address: ONE DESIGN CENTER PLACE #715  
City-St-Zip: BOSTON, MA 02210

Title: D ( ) Delete  
Name: FARRAR, ROSS  
Address: ONE DESIGN CENTER PLACE #715  
City-St-Zip: BOSTON, MA 02210

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THORNE SIGRID

PD

07/07/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date