


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 04, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000014722**  
**1. Entity Name**  
**PATIO PARTNERS, INC.**



**Principal Place of Business**      **Mailing Address**  
**250 WORTH AVENUE**      **PO BOX 2528**  
**PALM BEACH FL 33480**      **PALM BEACH FL 33480**



**2. Principal Place of Business**      **3. Mailing Address**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

1st MOORE      CR2E034 (10/05)  
**4. FCI Number**      Applied For / Not Applied  
**65-0559630**

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

**6. Name and Address of Current Registered Agent**      **7. Name and Address of New Registered Agent**

**HANDELSMAN, BURTON**  
**250 WORTH AVENUE**  
**PALM BEACH FL 33480**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

**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	<input type="checkbox"/> Delete
PD	HANDELSMAN, STEVEN	18 HOTEL DR	WHITE PLAINS NJ	<input type="checkbox"/>
VD	STOCKER, MARSHA	5 LOVE LAKE	HARRISON NJ	<input type="checkbox"/>
AS	HANDELSMAN, BURTON	250 WORTH AVENUE	PALM BEACH FL 33480	<input type="checkbox"/>
AS	HANDELSMAN, LUCILLE	250 WORTH AVENUE	PALM BEACH FL 33480	<input type="checkbox"/>
AS	MEASLIP, SANDY	3 LOVE LANE	HARRISON NY	<input type="checkbox"/>
				<input type="checkbox"/>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Add
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 04/13/06-80062-023 150.00

**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:**  **Steven Handelsman**      **3-30-06**  
 Signature and typed or printed name of signing officer or director      Date      Daytime Phone #