


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2006 08:00 AM
Secretary of State

DOCUMENT # S81777 1. Entity Name NUMISMATICS UNLIMITED INC.	
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Principal Place of Business 504 HICKSVILLE ROAD SUITE 2 MASSAPEQUA, N 11758 US	Mailing Address 2500 NORTH MILITARY TRAIL SUITE 285 BOCA RATON, FL 33431
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01202006 No Chg-P CR2E034 (11/05)

4. FEI Number 11-3081807 Applied For Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SAGINOR, CLIFFORD N.
 2500 N. MILITARY TRAIL
 285
 BOCA RATON, FL 33431

**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 _____

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	
TITLE	P
NAME	ALLEVA, PHILIP
STREET ADDRESS	57 LINCOLN AVE.
CITY - ST - ZIP	MASSAPEQUA, NY 11758
TITLE	V
NAME	ALLEVA, CARL
STREET ADDRESS	59 CONNECTICUT AVE.
CITY - ST - ZIP	MASSAPEQUA, NY 11758
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1100000452751
 03/13/06-80012-015 150.00

**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: *Carl Alleva* 2/27/06 516-798-4170

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #