


**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 20, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F04000003258</b>					
1. Entity Name <b>SNAVELY-WARWICK INC.</b>					
Principal Place of Business <b>600 DELWAR ROAD PITTSBURG PA 15236</b>		Mailing Address <b>600 DELWAR ROAD PITTSBURG PA 15236</b>			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>25-1271566</b>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>CURDA, MIKE C/O SNAVELY FOREST PRODUCTS 2420 NEW TAMPA HIGHWAY LAKELAND FL 33815</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					



1st MOORE CR2E034 (10/05)

<p><b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2006 Fee Will Be \$550.00</b>  <b>Make Check Payable to Florida Department of State</b></p>	<p>9. Election Campaign Financing <b>\$5.00</b> May 1          Trust Fund Contribution. <input type="checkbox"/> <b>Added to Fees</b></p>
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	SNAVELY, C.M.		NAME		
STREET ADDRESS	600 DELWAR ROAD		STREET ADDRESS	1100000473935	
CITY-ST-ZIP	PITTSBURG PA 15236		CITY-ST-ZIP	04/04/06-80003-017 150.00	
TITLE	VCVP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	SNAVELY, STEPHEN V		NAME		
STREET ADDRESS	600 DELWAR ROAD		STREET ADDRESS		
CITY-ST-ZIP	PITTSBURG PA 15236		CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	FITZSIMMONS, SUSAN		NAME		
STREET ADDRESS	600 DELWAR ROAD		STREET ADDRESS		
CITY-ST-ZIP	PITTSBURG PA 15236		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	SNAVELY, THERESA V		NAME		
STREET ADDRESS	600 DELWAR ROAD		STREET ADDRESS		
CITY-ST-ZIP	PITTSBURG PA 15236		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	SNAVELY, STEPHEN V		NAME		
STREET ADDRESS	600 DELWAR ROAD		STREET ADDRESS		
CITY-ST-ZIP	PITTSBURG PA 15236		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Susan S. Fitzsimmons 3/17/06 412-885-4000