2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90330 024 ***158.75

DOCUMENT # J39595

1. Entity Name
PREVIOUSLY OWNED, INC.

Principal Place of Business	Mailing Address
7675 159TH CT. N PALM BEACH GARDENS, FL 33418	P.O. BOX 31886 WEST PALM BEACH, FL 33420-1886 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04262006 Chg-P CR2E034 (11/05)

4. FEI Number 65-0039870 — Applied For / Not Applicable

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
HAY, BEN 7576 159TH CT N PALM BEACH GARDENS, FL 33418	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

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HAY, BEN P.O. BOX 31886 PALM BEACH GARDENS, FL 334201886	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST HAY, BETTY P.O. BOX 31886 PALM BEACH GARDENS, FL 334201886	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Ben Hay 4/27/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT 40072203

J39595

[redacted]

Bank Atlantic

Stop Payment Request

Date: 4/27/2006 Account # 55679730 Time: 03:02:26 PM

Start Check Number: 2057 End Check Number: _____

Payee: Florida Department of State Amount: $158.75

Customer Name: Previously Owned Inc Fee charged to account $30.00

Reason: lost in mail

NOTE: If this request is for an ACH transaction being returned as an "R-10" ("Customer Advises Not Authorized"), please forward a copy to Cash Management Operations.

This request will become effective 24 hours (on the next business day) from the time shown above.

Please Stop Payment On the Check Described Above

This Stop Payment Request is subject to the conditions and provisions in Section 674.403 of the Florida Statutes and also the rules and regulations set forth in the Depositor's Agreement and Disclosure Statements.

All Stop Payment requests shall automatically expire and will be void six months from date received by BankAtlantic unless revoked or released before that time or extended or renewed for additional periods of not more than six months. Such release or extensions must be made in writing and signed by the individual depositor or authorized signer.

In requesting BankAtlantic to stop payment of this item, the undersigned accountholder agrees to hold BankAtlantic harmless for all loss, damages, expenses and costs incurred by BankAtlantic by refusing payment thereof, and further agrees not to hold BankAtlantic liable should payment be made contrary to this request, if such payment is made through inadvertence, oversight, accident or under conditions beyond the control of BankAtlantic, or if by reason of such payment, other items drawn on the account are returned for insufficient funds.

This Stop Payment Expires in 6 Months

WARNING! READ BEFORE SIGNING
Do not sign this order until you have verified as correct, all information contained on it.
BankAtlantic will not be responsible for payment of any item due to any incorrect information furnished.

Customer Signature

James Zick/Abacoa
Received By/Branch

Representative Signature

Customer
Checking
Branch
Cash Management Ops. (only if return reason is "R-10")

BA-812 (04/01)