2006 FOR PROFIT CORPORATION ANNUAL REPORT

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SIGNATURE

Apr 14, 2006 8:00 am Secretary of State DOCUMENT # P03000009323 04-14-2006 90146 004 ***150.00 1. Entity Name BULLIT INTERNATIONAL, INC. Principal Place of Business Mailing Address 40048973 754 CHANEY DR 754 CHANEY DR COLLIERVILLE, TN 38017 COLLIERVILLE, TN 38017 3. Mailing Address 2. Principal Place of Business 102/7 HWY Suite, Apt. #, etc 02142006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 35-2196201 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired yette Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LIPPY, DAN Street Address (P.O. Box Number is Not Acceptable) 2806 GRAPEFRUIT DR AUBURNDALE, FL 33823 Zip Code FI 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 sture, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 10. ☐ Addition Delete Change TITLE TITLE WINGO, RONALD NAME NAME 2806 GRAPEBUT DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP AUBURNDALE, FL 33823 CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE LIPPY, DANIEL L NAME NAME 754 CHANEY DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP COLLIERVILLE, TN 38017 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete □ Change ☐ Addition TITLE TITLE 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 Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and account 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 ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the rechanged, or on an attachn

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Daytime Phone #