2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

SIGNATURE AND THE BORDKINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 27, 2006 8:00 am Secretary of State **DOCUMENT # P04000113298** 04-27-2006 90193 005 ***150.00 1. Entity Name AMERICA'S TEAM, INC. Principal Place of Business Mailing Address 40066772 199 AVE K S.E. 199 AVE K S.E. WINTER HAVEN, FL 33880 WINTER HAVEN, FL 33880 2. Principal Place of Business 3. Mailing Address 1801 Hobbs Rd 1801 Hobbs RD Suite, Apt. #, etc. Suite, Apt. #, etc. 04212006 CR2E034 (11/05) Cha-P City & State Au/Survolu City & State 4. FEI Number Applied For 20-1463225 Not Applicable Country Zip Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 33823 US/A USA 33*6*2<u>-3</u> 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KEITH, W.C Street Address (P.O. Box Number is Not Acceptable) 1517 COMMERCIAL PARK DR LAKELAND, FL 33801 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. П Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Change ☐ Addition TITLE ☐ Delete WILSON, DENNY NAME NAME 1801 Hobbs Rd. STREET ADDRESS 199 AVE K S.E. STREET ADDRESS Aubundale, FL 33B23 WINTER HAVEN, FL 33880 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition Knight, James F. KNIGHT, JAMES F NAME NAME 1801 Hobbis Rd. STREET ADDRESS 199 AVE K S.E. STREET ADDRESS Auburndale, FL 33823 WINTER HAVEN, FL 33880 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE Ruggieri Mark J. 1801 Hobbs Rd. RUGGIERI, MARK J NAME NAME STREET ADDRESS STREET ADDRESS 199 AVF K S.E. Auburndale, FL 33B22 CITY-ST-ZIP WINTER HAVEN, FL 33880 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition 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 accurate and that my signature shall have the same legal affect 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.

4/25/06

Daytime Phone

FILED