2006 FOR PROFIT CORPORATION ANNUAL REPORT

CITY-SI-ZIP

SIGNATURE: 4

Secretary of State DOCUMENT # P98000088862 HUSSMANN GUNTHER, CORP. Principal Place of Business Mading Address 1395 E DAKLAND PARK BLVD 1395 E OAKLAND PARK BLVD OAKLAND PARK, FL 33334 OAKLAND PARK, FL 33334 03022006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4, FEt Number Not Applicable 65-0875211 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE GUNTHER, HAROLD H 1395 E OAKLAND PARK BLVD OAKLAND PARK, FL 33334 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, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) 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 10. TITLE HUSSMAN, HAROLD MAME STREET ADDRESS 1395 E OAKLAND PARK BLVD CITY-ST-ZIP OAKLAND PARK, FL 33334 U00000462442 03/21/06-80034-0**2**4 150.00 TITLE NAME SZARODA FIJARTZ CITY-ST-ZIP TITLE NAML STREET ADDRESS DO NOT WRITE CITY-SI-ZIP IN THIS SPACE NAME STREET ADDRESS City-St-Zip NAME STREET ADDRESS CITY-SI-ZIP BILE NAME SHREET ADDRESS

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 507, 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. HUSSMANN, HAROLD

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Mar 10, 2006 08:00 AM

(954) 565-590