2006 FOR PROFIT CORPORATION ____ ANNUAL REPORT (AR)

Secretary of State **DOCUMENT # P05000117775** 1. Entity Name 05-11-2006 90242 039 ***150.00 28 26 E CORP. Principal Place of dusiness Mailing Address C/O GIVELEKIAN 255-01 NORTHERN BLVD LITTLE NECK NY 11363 C/O GIVELEKIAN 255-01 NORTHERN BLVD LITTLE NECK NY 11363 PPATIDOO 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) 4. FEI Number 55 - 0903884 City & State City & State Applied For Not Applicable Zin Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MANOÙGIAN, VARUJAN 28-26 E COMMERCIAL BLVD Street Address (P.O. Box Number is Not Acceptable) FT LAUDERDALE FL 33308 City 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, typed or privide name of (ugostered agent and line a applicable (NOTE: Registrated Agent supraisive required when revisitiving) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete ☐ Change ☐ Addition MANOUGIAN, VARUJAN NAME MALIF STREET ADDRESS 94 INTERVALE AVENUE STREET ADDRESS FARMINGDALE NY 11735 CITY-ST-7IP C1TY-ST-2/P TITLE ☐ Delete ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP 2214 Delute TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-79 CRY-SI-7P TITLE TITH F ☐ Defete ☐ Change Add-tion NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-S1-7P THE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-Z#P MLE Deiete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 1.19, Rorida 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 it 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 syith an address, with all other like empowered. SIGNATURE:

Jun 20, 2006 8:00 am