2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 16, 2007 08:00 A Secretary of State **DOCUMENT # 244387** 1. Entity Name APPLIANCE ASSOCIATES, INC. Principal Place of Business Mailing Address P.O. BOX 2033 P.O. BOX 2033 NARANJA, FL 33032 NARANJA, FL 33032 CR2E034 (11/05) 03062007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1733705 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SUPPLE, J M DO NOT WRITE 26595 US #1 NARANJA, FL 33030 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 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, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE SUPPLE, J M NAME 26595 US #1 STREET ADDRESS NARANJA, FL 33032 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 000000706962 CITY-ST-ZIP 04/24/07-80056-004 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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

SIGNATURE: