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2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2006 08:00 All
Secretary of State

ANNUAL REPORT	Secretary of Stat
DOCUMENT # 249246 1. Enlity Name APPLIANCE MASTER'S, INC.	Secretary of Stat
Principal Place of Business Mailing Address 2 MCGREGOR PLACE JOHNSON CITY, TN 37604 Mailing Address 2 MCGREGOR PLACE JOHNSON CITY, TN 37604	
DO NOT WRITE IN THIS SPA	O4262006 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For Not Applied For Not Applicable 59-0938998 S.75 Additional Fee Required
6. Name and Address of Current Registered Agent GORDON, SCOTT L PRES. 11800 SW 80TH STREET 113 MIAMI, FL 33183	DO NOT WRITE IN THIS SPACE
B. 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 tipes or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when remaining) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution.	
10. OFFICERS AND DIRECTORS ITTLE NAME GORDON, SCOTT STREET ADDRESS CITY-ST-ZIP JOHNSON CITY, TN 37604 ITTLE NAME STREET ADDRESS CITY-ST-ZIP	U00000564033 05/20/06-80035-018 150.00 DO NOT WRITE IN THIS SPACE
STREET 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 of 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 a other like empowered.

SIGNATURE:

CHTY-ST-ZIP

CONTROL OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR