2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Jan 17, 2006 08:00 AM Secretary of State **DOCUMENT # 436023** 1. Entity Name PROGRESSIVE SUPPLY, INC. Mailing Address Principal Place of Business 7012 MANDY LANE 7012 MANDY LANE NEW PORT RICHEY, FL 34652 NEW PORT RICHEY, FL 34652 CR2E034 (11/05) 01112006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FE) Number 59-1483698 Not Applica \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BIACHE, GREGG P. DO NOT WRITE 7012 MANDY LANE NEW PORT RICHEY, FL 34652 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 roinstating) DATE 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 10. OFFICERS AND DIRECTORS HTLE BIACHE, GREGG P. NAME STREET ADDRESS 7012 MANDY LANE CITY-ST-ZIP NEW PT RICHEY, FL TITLE U00000387022 01/19/06-80021-021 150.00 MARIE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS 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 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 with an address, with all other like empowered.

SIGNATURE

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

GREGG P. BIACHE