5-1-06

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

May 03, 2006 08:00 AM Secretary of State **DOCUMENT # 659116** 1. Entity Name DISCOUNT ENTERPRISES, INC. Principal Place of Business Mailing Address 119 GILMORE DRIVE C/O OSCAR OLEN RING GULF BREEZE FL 32561 119 GILMORE DRIVE C/O OSCAR OLEN RING GULF BREEZE FL 32561 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/05) Applied Fo City & State City & State 4. FEI Number 59-1998858 Not Applica Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RING, OSCAR OLEN Street Address (P.O. Box Number is Not Acceptable) 119 GILMORE DRIVE **GULF BREEZE FL 32561** 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 according to the statement of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the statement of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the statement of the purpose of changing its registered office or registered agent, or both, in the State of Florida. the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and life it applicable (pristance Agent signature required when reinstaling) DAYE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May : After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE ☐ Defete TITLE Change Media: NAME RING, OSCAR OLEN NAME STREET ADDRESS 119 GILMORE DRIVE STREET ADDRESS U000005608 CITY-ST-ZIP GULF BREEZE, FL 00000 CITY-ST-ZIP 015 150.00 TITE F Delete TOPE MANTE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detote TITLE ☐ Change III Addiiii REFE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-ST-20 سدنده ا ☐ Delete TITLE TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-IP CITY-ST-ZIP KITLE ☐ Detete IIILE ☐ Change □ Addison NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIME ☐ Celete THE ☐ Change Addition | NAME NAME STREET ADDRESS STREET ACCRESS C(TY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is 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 circle like empowered.

SIGNATURE:

FILED

4-25-06 850-932-4734