2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Aug 21, 2006 08:00 A Secretary of State DOCUMENT # F03000006267 1. Entity Name BARNETT WESTERN STORE, INC. Principal Place of Business Mailing Address OK TATES HOMESTEAD ROAD 1133 25 ARKANSAS Howes reac LEHIGH ACRES, FL 33936 LEHIGH ACRES, FL 33936 No Chg-P CR2E034 (11/05) 07312006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 35-1423144 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GRAY, CAROL DO NOT WRITE 25 ARKANSAS LEHIGH ACRES, FL 33936 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 Fiorida. I am familiar with, and accept the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. corporation did not receive the prior notice. Added to Fees Due by September 6, 2006 OFFICERS AND DIRECTORS 10. PST TITLE GRAY, CAROL NAME U00000574821 08/21/06-80004-013 150.00 25 ARKANSAS STREET ADDRESS CITY-ST-ZIP LEHIGH ACRES, FL 33936 TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TETLE STREET ADDRESS CITY-ST-ZIP 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 cath; that I am an officer or director of the corporation or the receiver or trustee-impowered 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 additional with all other like empowered.

SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF

FILED