2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2006
Secretary of State

DOCUMENT# F03146

Entity Name: APPLIANCE SERVICE OF FLORIDA, INC.

Current Principal Place of Business:

1876-B BARBER ROAD
SUITE 200
SARASOTA, FL 342409071 US

New Principal Place of Business:

Current Mailing Address:

1876-B BARBER ROAD
SUITE 200
SARASOTA, FL 342409071 US

New Mailing Address:

16326 WINBURN DRIVE
SARASOTA, FL 342409215 US

FEI Number: 59-2035388 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MAZZA, JOSEPH A PRES
1876-B BARBER ROAD
SUITE 200
SARASOTA, FL 342409071 US

Name and Address of New Registered Agent:

MAZZA, JOSEPH A PRES
16326 WINBURN DRIVE
SARASOTA, FL 342409215 US

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.

SIGNATURE: 04/04/2006
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CDP ( ) Delete
Name: MAZZA, JOSEPH A PDC
Address: 1876-B BARBER ROAD
City-St-Zip: SARASOTA, FL 342409071

Title: DVS ( ) Delete
Name: MAZZA, MADGE DVS
Address: 1876-B BARBER ROAD
City-St-Zip: SARASOTA, FL 342409071

Title: VP ( ) Delete
Name: MAZZA, MADGE VP
Address: 1876-B BARBER ROAD #200
City-St-Zip: SARASOTA, FL 34240

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH A. MAZZA P 04/04/2006
Electronic Signature of Signing Officer or Director — Date