## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attactu

SIGNATURE:

## Mar 13, 2006 8:00 am Secretary of State DOCUMENT # F04000003329 03-13-2006 90053 011 \*\*\*150.00 AMERICAN EQUITY SERVICES, INC. Principal Place of Business Mailing Address $\mathbf{q}\mathbf{v}\mathbf{v}^{-1}$ 300 CAYUGA ROAD 300 CAYUGA ROAD CHEEKTOWAGA, NY 14225 CHEEKTOWAGA, NY 14225 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03082006 CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 16-1521416 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPDIRECT AGENTS, INC. Street Address (P.O. Box Number is Not Acceptable) 515 E. PARK AVE. TALLAHASSEE, FL 32301 City 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 accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CP ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME, KIERNAN, BRUCE H NAME STREET ADDRESS 10 KESWICK ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP EGGERTSVILLE, NY 14226 TITLE ☐ Addition TITLE Defete HENNING, ARTHUR B NAME HENNING, ARTHUR B NAME 4317 ROUTE 92 STREET ADDRESS STREET ADDRESS 4317 ROUTE 92\_ ( DETER) CAZENOVIA, NY 13035 CITY-ST-ZIP CITY-ST-ZIP CAZENOVIA, NY 13035 ☐ Delete Change ☐ Addition TITLE TITLE NAME GARBY, DAVID R NAME STREET ADDRESS 56 WILLIAMSBURG LANE STREET ADDRESS LANCASTER, NY 14086 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 facely 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

BRUCE H.KIERNAN

FILED