

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000004921

FILED  
May 01, 2006  
Secretary of State

Entity Name: PAGE RESTORATION INC.

**Current Principal Place of Business:**

6333 SW SANTA FE LAKE RD.  
AUGUSTA, KS 67010

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 780122  
WICHITA, KS 672780122

**New Mailing Address:**

FEI Number: 48-1213919

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PAGE, MICHAEL  
1315 4TH ST. APT. B  
ST. CLOUD, FL 34769 US

**Name and Address of New Registered Agent:**

PAGE, MICHAEL  
1130 E. DONEGAN #4  
KISSIMMEE, FL 34744 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: MICHAEL H. PAGE

05/01/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: PAGE, MICHAEL H  
Address: 1315 4TH ST. APT B  
City-St-Zip: ST. CLOUD, FL 34769

Title: DPVT ( ) Delete  
Name: HOWARD, KYLE F  
Address: 2050 N. PARKRIDGE CT.  
City-St-Zip: WICHITA, KS 67212

Title: S ( ) Delete  
Name: PAGE, PAULA S  
Address: 11400 WILSHIRE TERR  
City-St-Zip: WICHITA, KS 67207

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: PAGE, MICHAEL H  
Address: 1130 E. DONEGAN #4  
City-St-Zip: KISSIMMEE, FL 34744

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: MICHAEL H. PAGE

D

05/01/2006

Electronic Signature of Signing Officer or Director

Date