2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jun 18, 2007
Secretary of State

DOCUMENT# F39986

Entity Name: REED APPLIANCES ENTERPRISES, INC.

Current Principal Place of Business:

3224 FLAGLER AVENUE
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

3224 FLAGLER AVENUE
KEY WEST, FL 33040

New Mailing Address:

FEI Number: 59-2092092 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PRIBRAMSKY, STEVEN R
3224 FLAGLER AVE
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete
Name: PRIBRAMSKY, ROBIN L
Address: 426 ELIZABETH STREET
City-St-Zip: KEY WEST, FL 33040

Title: VTD ( ) Delete
Name: PRIBRAMSKY, STEVEN R
Address: 426 ELIZABETH STREET
City-St-Zip: KEY WEST, FL 33040

Title: VP ( ) Delete
Name: NESNIDAL, RADEK
Address: 3224 FLAGLER AVENUE
City-St-Zip: KEY WEST, FL 33040

Title: VP ( ) Delete
Name: YATES, DAVID
Address: 3224 FLAGLER AVENUE
City-St-Zip: KEY WEST, FL 33040

Title: VP ( ) Delete
Name: MATTHIAS, MARTHA
Address: 3224 FLAGLER AVENUE
City-St-Zip: KEY WEST, FL 33040

Title: VP ( ) Delete
Name: GUYER, ALAN
Address: 3224 FLAGLER AVENUE
City-St-Zip: KEY WEST, FL 33040

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:

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

Title: VP (X) Change ( ) Addition
Name: MAYOR, DAYREL
Address: 3224 FLAGLER AVENUE
City-St-Zip: KEY WEST, FL 33040

Title: VP (X) Change ( ) Addition
Name: JEAN-MARY, PIERRE
Address: 3224 FLAGLER AVENUE
City-St-Zip: KEY WEST, FL 33040

I hereby certify that the information supplied with this filing does not qualify 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: ROBIN L PRIBRAMSKY PSD 06/18/2007

Electronic Signature of Signing Officer or Director — Date