2006 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 27, 2006 08:00 AN DOCUMENT #F89014 1. Entity Name Secretary of State APSCO APPLIANCE & TV CENTERS, INC. Principal Place of Business Mailing Address 4520 E BAY DR 4520 E BAY DR CLEARWATER, FL 33764 CLEARWATER, FL 33764 01232006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2196714 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GRECO, ALFRED C. DO NOT WRITE 4520 E. BAY DR CLEARWATER, FL 33764 IN THIS SPACE 2. 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 little if applicable. (NOTE, Flegistered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150,00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. DP TITLE GRECO, ALFRED C NAME STREET ADDRESS 3014 PEMBERTON TRACE U00000405639 CITY-ST-ZIP PLANT CITY, FL 33565 02/07/06-80048-002 158 DV TITLE HOAG, DARRELL C. NAME STREET ADDRESS 134 CARLISLE DRIVE CITY-ST-ZIP PALM HARBOR, FL 34683 NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TILE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME

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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPETOR PROTECT NAME OF SIGNING OFFICER

STREET ADDRESS CITY+ST-ZIP

> 01-14-06 36-5542 Date Diagnos Proces

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