


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90018 013 ***158.75

DOCUMENT # F97000003954		
1. Entity Name A.N. DERINGER, INC.		

Principal Place of Business 64-66 NORTH MAIN ST ST ALBANS, VT 05478	Mailing Address 64-66 NORTH MAIN ST ST ALBANS, VT 05478
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4002481



03012006 Chg-P CR2E034 (11/05)

4. FEI Number 03-0117050		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SO PINE ISLAND RD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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.

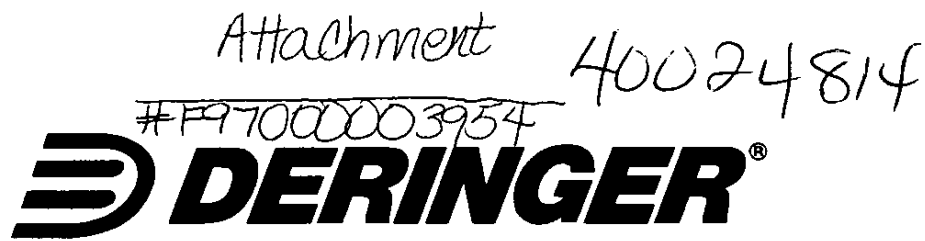
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO BURL, WAYNE R 64-66 NORTH MAIN ST ST ALBANS, VT 05478 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/D R. Allan Paul 137 Cresent Road Burlington, VT 05401 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOLZSCHEITER, JOHN 64-66 NORTH MAIN ST ST ALBANS, VT 05478 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Robert P. Lawrence 47 Hill Road South Hero, VT 05486 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOLZSCHEITER, JACOB E 64-66 NORTH MAIN ST ST ALBANS, VT 05478 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SC MAYOTTE, MELISANDE A 64-66 NORTH MAIN ST ST ALBANS, VT 05478 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COATES, DAVID 14 COATES ISLAND COLCHESTER, VT 05446 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>Melisande A.C. Mayotte</i>	Melisande A.C. Mayotte March 02, 2006 (802) 524-8267
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone



A.N. DERINGER, INC. • P.O. BOX 1309 • ST. ALBANS, VT 05478-1309 TEL (802) 524-8110 FAX (802) 524-5970

March 02, 2006

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

Enclosed, please find the annual report for 2006 with a check for \$158.75.
This is for the fee of \$150.00 and \$8.75 for a certificate of status.

Please send the certificate to:

A. N. Deringer, Inc.
ATTN: Marie Raymond
64-66 North Main Street
St. Albans, VT 05478

Thanks you for your anticipated help in this matter.

Sincerely,

A. N. DERINGER, INC.

A handwritten signature in cursive script, reading 'Melisande Mayotte' with a small 'MR' to the right.

Melisande A. C. Mayotte
Corporate Secretary
Direct Dial 802-524-8267