## 2006 FOR PROFIT CORPORATION

## Mar 14, 2006 8:00 am Secretary of State ANNUAL REPORT 03-14-2006 90028 027 \*\*\*150.00 DOCUMENT # G50524 1. Entity Name AYGEE CORP. MANAGER IS NOT I Principal Place of Business Mailing Address C/O DOROTHY ALLOY C/O 175 GREAT NECK ROAD 133 MANCHINEEL CT SUITE 405 GREAT NECK, NY 11021 US ROYAL PALM BCH, FL 33411 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. 03102006 CR2E034 (11/05) Cha-P City & State City & State 4. FEI Number Applied For 13-2610657 Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ALLOY, DOROTHY Street Address (P.O. Box Number is Not Acceptable) 133 MANCHINEEL CT ROYAL PALM BCH, FL 33411 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 (NOTE Registered Agent signature required when reinstating) DATE 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE Birabach, Richard 175 Great Neck Road Juite 405 ALLOY, DOROTHY NAME NAME STREET ADORESS 133 MANCHINEEL COURT STREET ADDRESS Great Neck, N.Y. 11021 CITY-ST-ZIP ROYAL PALM BEACH, FL 33411 CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition CARROLL, HYMAN B 175 GREAT NECK ROAD SUITE 405 STREET ADDRESS STREET ADDRESS GREAT NECK, NY 11021 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ 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-7IP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE Chance ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP

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 others are described by the component of the receiver or trustee.

**SIGNATURE:** 

FILED