ANNUAL REPORT (AR) DOCUMENT # H21701 **FILED** 1. Enlity Name Jan 31, 2007 08:00 AM Secretary of State THE BIKE SHOP, INC. Principal Place of Business Mailing Address 403 SE MONTEREY RD 403 SE MÓNTEREY RD STUART FL 34994 US STUART FL 34994 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt #, etc. Suite, Apt #, otc. 1st MOORE CR2E034 (10/06) Applied For City & State City & State 4. FEI Number 59-2456000 Not Applicable Country Zip Country Zip \$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 Name ANDERSON, ARNE Street Address (P.O. Box Number is Not Acceptable) 5103 PALMETTO DR FORT PIERCE FL 34982 City 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PTD Detete ☐ Change ☐ Addillion TITLE ШЦ ANDERSON, ARNE NAME NAM 5103 PALMETTO DR U00000612195 STREET ADDRESS STREET ADDRESS FORT PIERCE FL 34982 02/02/07-80098-014 150.00 CRY ST ZIP CITY ST ZIP VSD TITLE ☐ Delete IINE ☐ Change ☐ Addition ANDERSON, MARIAN N. NAME NAME 5103 PALMETTO DR STREET ADDRESS STREET ADDRESS FORT PIERCE FL 34982 CITY-ST-7IP CITY - ST - ZIF Change Addition THLE ☐ Delete HILL MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST ZIP Addition Delete Change STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CiTY - ST- ZIP mi ☐ Delete Addition NAM SIDELI ADDRESS STREET ADDRESS CITY-SI-ZIP CITY ST-ZIP ШЦ ☐ Change ☐ Addillon BHE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CUY-ST-7(P CITY ST-ZIP 12. I horeby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

if changed, or on an attachment with an address, with all other like empowered.