2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an attac

SIGNATURE:

FILED DOCUMENT # J74242 Apr 26, 2006 08:00 AN 1. Entity Name **Secretary of State** ERIVAD CORP. Principal Place of Business Mailing Address P.O. BOX 503 P.O. BOX 503 PORT RICHEY FL 34673 PORT RICHEY FL 34673 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 65-0007177 Not Applicat Zio Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DELUCA, JOSEPH L. Street Address (P.O. Box Number is Not Acceptable) 3135 HWY A1A MELBOURNE BEACH FL 32951 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 मा असम्बद्धाः स्टब्स Signature, typed or printed trame of recentered agent and little if applicable (NOTE: Registered Agent signature required when reinstalling) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May B After May 1, 2006 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 11. ☐ Delete ☐ Change TITLE RHE - Addillic DELUCA, JOSEPH L. MANAF MAME STREET ADDRESS STREET ADDRESS 3135 HWY A1A CITY-ST-ZIP MELBOURNE BEACH FL 32951 CHY-ST-ZIP Delete 11711 TITLE NAME HAME STREET ADDRESS STREET ADDRESS CRY+ST-78 CITY - ST - ZIP ☐ Delete EITLE TITLE ☐ Chaoge 🔲 Addikići NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE 11117 Change □ Aφ.". NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - 28P CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addis: NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP HILE ☐ Delete TITLE ☐ Change Additio NAME NAME STREET ADDRESS STREET ADDRESS CRTY - ST - ZIP CHY-ST-ZIP 12. I hereby 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 oath; that I am an officer or director of the corporation of the receive in trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11

other like empowered