2007 FOR PROFIT CORPORATION

NAME STREET ADDRESS CITY-ST-ZIP

May 08, 2007 8:00 am Secretary of State **ANNUAL REPORT** 05-08-2007 90019 042 ***150 00 DOCUMENT # K67526 1. Entity Name ALL APPLIANCE PARTS OF FORT MYERS NORTH, INC. daras. Principal Place of Business Mailing Address 14508 S. TAMIAMI TRAIL 14508 S. TAMIAMI TRAIL FT MYERS, FL 33912 FT MYERS, FL 33912 01302007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1581183 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required -6. Name and Address of Current Registered Agent HUCKE, WILLIAM J. DO NOT WRITE 14508 JS. TAMIAMI TRAIL FT. MYERS, FL 33912 IN THIS SPACE 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE HUCKE, WILLIAM J. NAME 14508 S. TAMIAMI TRAIL STREET ADDRESS CITY-ST-ZIP FT. MYERS, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

FILED

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:

RIGNATURE AND TYPED OR PRINTED NAME OF RIGNING OFFICER OR DIRECTOR