2006 FOR PROSIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE AND TYPED OR PRINTER NAME OF SIGNING C

SIGNATURE: 🗠

Apr 05, 2006 8:00 am Secretary of State DOCUMENT # K90683 1. Entity Name 04-05-2006 90146 007 ***150.00 ARMAND ENTERPRISES, INC. Principal Place of Business Mailing Address 108 WATERWAY DR SATSUMA FL 32189 SATSUMA FL 32189 US 108 WATERWAY DR 3. Mailing Address P.O Box 2. Principal Place of Business 503 LAKI ShORE DR Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State 4. FEI Number Applied For City & State 59-3415399 11 Not Applicable Country KC \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required. . . 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COUNTS, JOHN STEPHEN 108 WATERWAY DR SATSUMA FL 32189 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 it applicable (NOTE: Registered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing 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. ADPRICS TITLE TITLE ☐ Change □ Delete NAME COUNTS, JOHN STEPHEN NAME 503 LAKE SHORE DR STREET ADDRESS STREET ADDRESS 108 WATERWAY DR EUSTIS FI 32726 ADDRESS CHANSE Change CITY-ST-ZIP CITY-ST-ZIP SATSUMA FL 32189 ☐ Delete PD TITLE Addition TIDE 503 LAKESHORE DR. COUNTS, JOHN NAME NAME STREET ADDRESS STREET ADDRESS 108 WATERWAY DR Eustis F1. 32726 CITY-ST-ZIP SATSUMA FL 32189 CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE TITLE ☐ Delete NAME NAME 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 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 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.

FILED