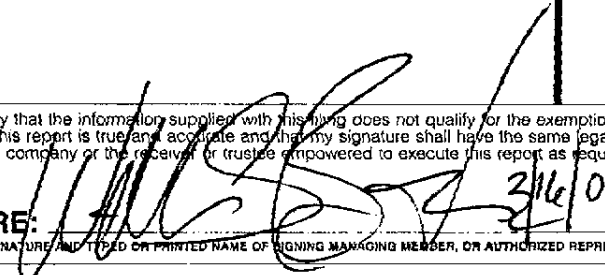


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000053361 1. Entity Name HANDI WORKS LLC		
Principal Place of Business 29651 180TH STREET ROAD ALTOONA, FL 32702 US		Mailing Address P O BOX 1493 ALTOONA, FL 32702-1493 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BERUBE, WILLIAM L 29651 180TH STREET ROAD ALTOONA, FL 32702		DO NOT WRITE 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) DATE _____		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BERUBE, WILLIAM L P O BOX 1493 ALTOONA, FL 327021493	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 603, Florida Statutes. SIGNATURE:  3/16/06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE 3/16/06 352-551-8045 Date Daytime Phone #		



03112006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
86-1111662

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

U00000475133
04/05/06-80003-013 50.00