2007 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # L28490 1. Entity Name RANDY'S WHOLESALE & AUCTION, INC. Principal Place of Business 1930 N US HWY 301 TAMPA, FL 33619 TAMPA, FL 33619

FILED Apr 16, 2007 08:00 AM Secretary of State

1930 N US HWY 301 TAMPA, FL 33619 CR2E034 (11/05) 02082007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 59-3027718 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SANNEY, NANCY J DO NOT WRITE 9613 BIRNAMWOOD ST RIVERVIEW, FL 33569 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 4-11-07 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE PΩ SANNEY, RANDY NAME STREET ADDRESS 9613 BIRNAMWOOD ST CITY-ST-ZIP RIVERVIEW, FL 33569 VD TITLE SANNEY, NANCY J NAME STREET ADDRESS 9613 BIRNAMWOOD ST CITY-ST-ZIP RIVERVIEW, FL 33569 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TIFLE NAME STREET ADDRESS 000000712144 04/26/07-80035-007 158.75 CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report to examplemental 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 employered 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 a fattachined with an address with all offer like employered.

SIGNATURE:

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-07

813.623-5095