2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or an an attachment with an address, with all other like empowered

SIGNATURE

May 01, 2006 08:00 AM Secretary of State DOCUMENT # L90878 t. Entity Name DOUG'S THE A - 1 LOCKSMITH, INC. Mailing Address Principal Place of Business 3236 W NEW HAVEN AVE MELBOURNE FL 32904 3236 W NEW HAVEN AVE MELBOURNE FL 32904 2. Principal Place of Business Mailing Address Suite, Api. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 59-3025697 Not Applicable Zio Country Country Zφ \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HAWLEY, DOUGLAS E. Street Address (P.O. Box Number is Not Acceptable) 1686 TRIMBLE RD MELBOURNE FL 32935 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 Signature, typed or printed name of registered agent and lifto a applicable DATE (NOTE: Registered Agent signature required when roinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11 ☐ Belele Addition TITLE 73315 Change HAWLEY, DOUGLAS E. NAME NAME STREET ADDRESS 1686 TRIMBLE RD STREET ADDRESS CITY-ST-ZIP MELBOURNE FL 32935 UITY-ST-ZIP THLE ☐ Detete HILE ☐ Change Addition U00000555356 MARKE NAME 05/16/06-80029-019 150.00 STREET ADDRESS STREET ADDRESS CITY-ST-7IP City-St-209 7175 G Dalc's ere c Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CSTY-ST-ZIP TITLE Defete THE ☐ Change 🔲 ภิฮซ์กีโอก MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 1m F [] Change Addition 🗆 Delete THLE NAME NARTE STREET ADDRESS STREET ADDRESS C(TY-ST-ZIP CITY-ST-ZIP TITLE Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-IP 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. Hurther 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 frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11

FILED