2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

PAID
FILED
Feb 13, 2007 08:00 AM
Secretary of State
DATE 06 FEB 2007
CK # 2521
AMOUNT $55.00

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1. Entity Name

AMERICAN THRUST TOBACCO, L.L.C.

Principal Place of Business	Mailing Address
33 W SERVICE RD STE 200 CHAMPLAIN NY 12919 US	33 W SERVICE RD STE 200 CHAMPLAIN NY 12919 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

1st MOORE CR2E083 (10/06)

4. FEI Number 52-2218252 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PLOUCH, L.M. % ATKINSON,DINER,STONE,MANKUTA&PLOUCHA PA 1946 TYLER STREET HOLLYWOOD FL 33020-4517	Name Street Address (P.O. Box Number is Not Acceptable) City — FL — 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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMUK, RAYMOND 65 BRUNSWICK SUITE 115, QUEBEC H9B -2N4 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition U00000634618 02/22/07-80019-001 55.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 9065-2314 QUEBEC INC 65 BRUNSWICK SUITE 115, QUEBEC H9B -2N4 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. 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 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 608, Florida Statutes.

SIGNATURE: Raymond Smuk 6 FEB 2007 (518) 298-5666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #