2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

1. Entity Name	NT # M78300 OOLED PARTS, INC.				FILED 06 JUN -7 AM 9:12		
Principal Place of Business 1451 MAIN STREET DUNEDIN, FL 34698 US		Mailing Address 612 WILKIE STREET DUNEDIN, FL 34698 US			ALCRETARY OF STATE ALLAHASSEE, FLORIDA		
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			05252006 Chg-P CR2E034 (11/05)		
City & State		City & State			4. FEI Number Applied F 59-2893310 Not Applie	-	
Zip	Country	Zip	Country	(5. Certificate of Status Desired \$8.75 Additional Fee Required		
6.	Name and Address of Current	Registered Agent	Name		7. Name and Address of New Registered Agent		
SCRUTON, ARNOLD 612 WILKIE STREET DUNEDIN, FL 34698				Street Address (P.O. Box Number is Not Acceptable) 7 Th St W.W.			
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 Significate, piped or printed name of registered agent and title 4 applicable (NOTE Registered Agent signature required when remissing) BATE							
Amended AR is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees							
10.	OFFICERS AND		11,	D.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Sector Transcer	ddillon	
TITLE PVT	S RUTON, ARNOLD	☐ Delete	TITLE	UW	rec tot	GUIIGH	
STREET ADDRESS 612	WILKIE STREET NEDIN, FL 34698		STREET ADORES	is		1	
TITLE		☐ Delete	TITLE	P	THE LUCK I	ddition	
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NAME			NAME		onald Spencer Christ		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRE	S 121 131	radenton, Fl. 34209		
TITLE		☐ Delete	TITLE	Tr		Addition	
NAME STREET ADORESS		-	NAME STREET ADORE		obert w. Rhoden Tr.		
CITY-ST-ZIP			CITY - ST - ZIP	Br	radenting #1 34208		
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NAME STREET ADDRESS			NAME STREET ADORE	ss Civ	ndy to Christ		
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TITLE	00 / /12	Delete	TITLE NAME		G 5.004, - 12	Addition	
NAME STREET ADDRESS	De 4/12		STREET ADDRE	ss	000076387450		
CITY-SI-ZIP			CITY-ST-ZIP		06/20/0601041019 **61.25		
12. It 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 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.							
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYLING IN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE							