2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 21, 2006 08:00 AM Secretary of State DOCUMENT # M92037 COUNTRY CONNECTION, INC. Mailing Address Principal Place of Business 5155 S UNIVERSITY DRIVE 5155 S UNIVERSITY DRIVE DAVIE, FL 33328 US DAVIE, FL 33328 US CR2E034 (11/05) 01102006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0073271 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE **ENRUQUEZ, DOLORES** 11450 NW 30TH PL SUNRISE, FL 33323 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and tibe if applicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. POST TITLE ENRIQUEZ, DOLORES NAME 11450 N W 30TH PLACE STREET ADDRESS U000000523486 SUNRISE, FL CITY-ST-ZIP 05/03/06-80073-008 150.00 TITLE NAME ENRIQUEZ, JAIME 11450 N W 30TH PLACE STREET ADDRESS CITY-ST-ZIP SUNRISE, FL TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the receiver or truette 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 in address, with all other like empowered.

SIGNATURE: &

NAME STREET ADDRESS CITY-ST-ZIP

Dlores ENLIQUEZ

106 754-472-69-58

FILED