2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006
Secretary of State

DOCUMENT# N94000006210

Entity Name: ACCESSORIES RESOURCE TEAM I, INC.

Current Principal Place of Business:

6600 34TH AVE. NORTH
ST. PETERSBURG, FL 33710

New Principal Place of Business:

Current Mailing Address:

6600 34TH AVE. NORTH
ST. PETERSBURG, FL 33710

New Mailing Address:

FEI Number: 59-3287834 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LIGHT, NATURAL
HARVEY HOLLINGSWORTH
P O BOX 16449
PANAMA CITY, FL 32406 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	LINDSEY, KRIS	
Address:	P O BOX 1900	
City-St-Zip:	STUTTGART, AR 721601900	
Title:	D	( ) Delete
Name:	ST. MARTIN, PAMELA	
Address:	931 DEEPWELL LANE	
City-St-Zip:	HOUSTON, TX 77024	
Title:	C	( ) Delete
Name:	BECKER, JIM	
Address:	306 EASTMAN	
City-St-Zip:	GREENWOOD, MS 38930	
Title:	ED	( ) Delete
Name:	DAVIS, SHARON	
Address:	2320 GREENWAY AVE.	
City-St-Zip:	CHARLOTTE, NC 28204	
Title:	D	( ) Delete
Name:	HOLLINGSWORTH, HARVEY	
Address:	P O BOX 16449	
City-St-Zip:	PANAMA CITY, FL 32406	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON DAVIS ED 04/10/2006

Electronic Signature of Signing Officer or Director — Date