2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Mar 29, 2006 08:00 AM DOCUMENT # P00000017039 **Secretary of State** t. Entity Name THE COBRYN CORPORATION Principal Place of Business Mailing Address 121 7TH AVENUE SOUTH 121 7TH AVENUE SOUTH SAINT PETERSBURG FL 33701 SAINT PETERSBURG FL 33701 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 59-3623492 Not Applicat Country Zip Country Zισ \$8.75 Additional 5. Certificate of Status Desired Fea Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COMAS, SUSAN Street Address (P.O. Box Number is Not Acceptable) 1820 1ST STREET NORTH ST. PETERSBURG FL 33704 City Zip Code 6. 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 access the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and lifts if applicable (NOTE: Registered Agent signature required when remalating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May € After May 1, 2006 Fee Will Be \$550,00 Trust Fund Contribution. Make Check Payable to Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete THE ☐ Change NAME COMAS, SUSAN M NAME STREET ADDRESS 1820 1ST STREET NORTH STREET ADDRESS City-ST-ZiP ST. PETE FL 33704 CRY-\$1-ZP ۷P TITLE ☐ Delete HE ☐ Chance ☐ Add\*\*\* U00000484075 04/12/06-80022-014 150.00 NAME COMAS, ERIC NAME STREET ACCRESS 1820 IST STREET NORTH STREET ADDRESS City-st-zie CITY-ST-7P ST. PETE FL 33704 TITLE ☐ Detete 3)T)\_F ☐ Change Air Air HAME NAME STREET AUDRESS STRUET ACORESS CITY-ST-ZIP CHTY-ST-ZIP 717*1*7 Delete SIBE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change **□**3 #-: NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Contract Contract TITLE [7] Change DAG MANIC STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 1 turther certify that the informatic indicated on this report or supplemental report is true and accurate and that my signature shell have the same legal effect as if made under oath, that I am an officer of direct 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 it charged, or on an attachment with an address with all ether like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

3/27/04 (727)821-547,