

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

| <b>DOCUMENT # P00000067185</b><br>1. Entity Name <b>AULET INVESTMENTS INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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                            | <b>FILED</b><br><br>05 JUL -5 PM 1:53<br><br>SECRETARY OF STATE<br>TALLAHASSEE, FLORIDA |                                                                                     |                                                        |                                                   |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |       |                 |                                 |      |                                                                                                                                                     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| Principal Place of Business _____ Mailing Address _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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| 2. Principal Place of Business<br><b>18474 NW 67 AVE.</b><br><small>State, Apt. #, etc.</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 3. Mailing Address<br><b>18474 NW 67 AVE.</b><br><small>State, Apt. #, etc.</small> |                                                                                                                                                              |                                                                                         | <b>04/13/05 90026 017 \$150.00</b><br><small>01312005 Chg-P CR2E034 (10/03)</small> |                                                        |                                                   |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |    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| City & State<br><b>MIAMI - FLORIDA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | City & State<br><b>MIAMI - FLORIDA</b>                                              |                                                                                                                                                              |                                                                                         | 4. FEI Number<br><b>65-0025027</b>                                                  | Applied Fee<br><input type="checkbox"/> Not Applicable |                                                   |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |       |                 |                                 |      |                                                                                                                                                                                                                                                                                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| Zip<br><b>33015</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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                                                                   |                                                                                         | Zip<br><b>33015</b>                                                                 | Country<br><b>USA</b>                                  |                                                   |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |       |                 |                                 |      |                                                                                                              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| 5. Name and Address of Current Registered Agent<br><br><b>ARMANDO AULET</b><br><b>109 W 14 ST.</b><br><b>HALEA FL 33010</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                     | 7. Name and Address of New Registered Agent<br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>City _____ <b>FL</b> Zip Code _____ |                                                                                         |                                                                                     |                                                        |                                                   |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |       |                 |                                 |      |                                                                                                      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| 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 so the obligations of registered agent.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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                                                           |      |  |  |                |  |  |                 |  |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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                                 |       |      |                                                            |      |  |  |                |  |  |                 |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                     | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees                                     |                                                                                         |                                                                                     |                                                        |                                                   |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |       |                 |                                 |      |                       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| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="2" style="text-align: left;">ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> </thead> <tbody> <tr> <td style="width: 50%; padding: 5px;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td><b>ARMANDO AULET</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>109 W 14 ST</b></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td><b>HALEA FL 33010</b></td> <td></td> </tr> </table> </td> <td style="width: 50%; padding: 5px;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> A</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> </td> </tr> <tr> <td style="padding: 5px;"> <table border="1" style="width: 100%; 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| 12. I hereby certify that the information supplied with this report does not qualify for the exemption stated in Section 119.07(3)(b), 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 changed, or on an attachment with an address, with all other duly empowered. <b>ARMANDO AULET</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR<br><b>PRESIDENT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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