2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## FILED **DOCUMENT # P00000072444** Apr 20, 2006 08:00 AN Secretary of State 1. Entity Name FLORIDA CUSTOM CANVAS INC. Principal Place of Business Mailing Address 27600 OHIO ST. 27600 OHIO ST. MELBOURNE FL 32904 MELBOURNE FL 32904 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Surte, Apt. #. etc 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-3625047 Not Applicat: Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VYSKOCIL, ALEX Street Address (P.O. Box Number is Not Acceptable) 7510 REDWOOD COUNTRY RD. ORLANDO FL 32835 City Zip Code 8. The above named entity submits ement for the ourpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations & SIGNATURE of title if anolicable INOTE Registered Agent signature required when toxistating) FILE NOW!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE Change Addition U00000520542 NAME VYSKOCIL, ALEX NAME. 05/02/06-80101-008 150.00 STREET ADDRESS 27600 OHIO ST. STREET ADDRESS CITY-ST-ZIP MELBOURNE FL 32904 CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition VYSKOCIL, COLLEEN NAME MAME STREET ADDRESS 27600 OHIO ST. STREET ADDRESS CITY-ST-ZIP MELBOURNE FL 32904 CITY -ST-ZIP TITLE Delete HILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP TIT) F ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THLE ☐ Delete TITLE ☐ Chance ☐ Addition NAME NAME STREFT ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 trusted 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.

YPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #