2006 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 27, 2006 08:00 AM Secretary of State **DOCUMENT # P00000081854** 1. Entity Name ASKHO, INC. Mailing Address Principal Place of Business 5988 TRAILWOOD DRIVE 5988 TRAILWOOD DRIVE PORT ORANGE, FL 32127 PORT ORANGE, FL 32127 01242006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3664886 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HARPER, SCOT K DO NOT WRITE 5988 TRAILWOOD DRIVE PORT ORANGE, FL 32127 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 Signature, typed or printed name of registered agent, and othe II applicable. DATE (Containing marker berkupes enutrangle trieght benefitiging ETCM) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. HILE HARPER, SCOT NAME H90000406204 02/07/06-80079-805 150.00 STREET ADDRESS 5988 TRAILWOOD DRIVE CHY-ST-ZP PORT ORANGE, FL 32127 TITLE HARPER, ALETA NAME 5988 TRAILWOOD DRIVE STREET ADDRESS CITY-ST-ZIP PORT ORANGE, FL 32127 MARKE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP HARRE STRUET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Fforida 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 curporation 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 Glock 11 if changed, or on an attachment with appaidings, with all other like empowered.

SIGNATURE:

NAME
STREET ADDRESS
COV-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

386-756-3171

FILED