2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 23, 2006 08:00 AM DOCUMENT # P00000085751" * **Secretary of State** ELECTROLYSIS BY LINDA RYDMAN, INC. Principal Place of Business Mailing Address 2555 ENTERPRISE RD., STE, 11-2 2555 ENTERPRISE RD., STE, 11-2 CLEARWATER FL 33763 CLEARWATER FL 33763 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/05) 1st MOORE City & State City & State 4. FEI Number Applied For 59-3671875 Not Applic. Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RYDMAN, LINDA Street Address (P.O. Box Number is Not Acceptable) 2555 ENTERPRISE RD., STE, 11-2 CLEARWATER FL 33763 City Zip Code 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 according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. the obligations of registered agent. SIGNATURE Signature, typed or prince name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstature) 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. Added to Fee Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10, 11 TiTLE ☐ Delete TITLE ☐ Change ☐ Add NAME RYDMAN, LINDA NAME U00000478884 STREET ADDRESS STREET ACCORDS 18549 KINGBIRD DR. 04/08/06-80023-002 150.**00** C17Y-ST-21P CITY-ST-ZIP LUTZ FL ☐ Delete TIDLE ☐ Channe T Alle TIRLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DDF Delete ππ£ Unange ☐ Add NAME NAME STRUET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ∏ Aái TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C(7Y-57-2)P Detete SHEE ☐ Change □A0 NAME NAME STREET ADDRESS STREET ADDRESS City-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Dar ☐ Change □ Ari NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP

12. I hereby certify that the information supplied with this hting 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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Rydman

Jel 14-06

FILED