2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 27, 2006 08:00 AN Secretary of State DOCUMENT # P00000088525 1. Entity Name 10TH AVENUE BUILDING, INC. Principal Place of Business Mailing Address 2127 10TH AVE 2127 10TH AVE VERO BEACH, FL 32960 VERO BEACH, FL 32960 CR2E034 (11/05) 04242006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1042926 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent MCHUGH, JOHN J JR. DO NOT WRITE 333 17TH STREET SUITE U IN THIS SPACE VERO BEACH, FL 32960 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 fille if applicable. (NOTE, Registered Agent signature required when reinstating) DATE 05/10/06-80036-021 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees OFFICERS AND DIRECTORS 10. TITLE GOULD, CHARLES H NAME STREET ADDRESS 2127 10TH AVE Ciffy - ST - ZIP VERO BEACH, FL 32960 TITLE MAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-782 TITLE NAME STREET ADDRESS CITY-SI-ZIP TILLE NAME STREET ADDRESS CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 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 trustee 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.

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Hayou

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Daylime Phone #

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