2007 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Jan 12, 2007 08:00 A DOCUMENT # P00000090403 **Secretary of State** 1. Entity Name SYLVANIA SUPPLY HOUSE, INC. Mailing Address Principal Place of Business 1137 HARMS WAY P.O. BOX 214783 PORT ORANGE, FL 32129 SOUTH DAYTONA, FL 32121 No Cha-P CR2E034 (11/05) 01032007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1670397 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 5. Name and Address of Current Registered Agent DO NOT WRITE KOVACS, ATTILA G 1137 HARMS WAY PORT ORANGE, FL 32129 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 tale if applicable (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. **PSTD** TITLE KOVACS, ATTILA G NAME 1137 HARMS WAY STREET ADDRESS PORT ORANGE, FL 32129 CITY-ST-ZIP U00000585373 01/16/07-80009-013 150.00 TIME NAME STREET ADDRESS CITY-ST-ZIP MLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET 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, 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 cath; 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.

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET AUDRESS CITY-ST-ZIP"

Attila G Kovacs

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 4th. 2007 386 767-6797