2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000093425

1. Entity Name

ENVOY MACHINERY CORPORATION



FILED Feb 15, 2006 08:00 AM Secretary of State

Principal Place of Business

1110 OVERCASH DRIVE STE B DUNEDIN, FL 34698 Mailing Address

1110 OVERCASH DRIVE STE B DUNEDIN, FL 34698



DO NOT WRITE IN THIS SPACE

02092006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For S9-3687013 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MILLER, JAMES D. 1110 OVERCASH DRIVE SUITE B DUNEDIN, FL 34698

DO NOT WRITE IN THIS SPACE

DOI(EDIN, FE 34090						
	named entity submits this statement for the plans of registered agent.	urpose of changing Its	registered office	or re	gistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	tapplicable (NO	S Registered Agent sig	nalure	required when relinateting)	DATE
Fil. After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campa Trust Fund Con			\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CIORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, DAVID 1110 OVERCASH DRIVE STE B DUNEDIN, FL 34698					
TITLE NAME STREET ADDRESS CITY-SI-ZIP	S MILLER, JAMES DOUGLAS 1110 OVERCASH DRIVE, STE B DUNEDIN, FL 34698				_	U00000435575 02/25/06-80048-001 150.00
istle Name Street address City-St-Zip					DO	NOT WRITE
TITLE NAME SIPLEI ADDRESS CITY-ST-ZIP					IN T	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-SL-7IP			}			

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 cath; that I am an officer or director of the corporation or the receiver of 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:

MIMUTE JAMES DOUGLAS MILLER SIGNATURE AND TYPED ON PRINTED NAME OF BIGHING OFFICER OR DIRECTOR 2/9/06

800-210-5728

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