2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 24, 2006 8:00 am Secretary of State

Principal Place of Business 2373 (BBLS) BINYE EUSIIS, FL 32726 2. genology Page of Business Suita, Act, F. otc. 3. Mading Address 2. genology Page of Business Suita, Act, F. otc. 3. Mading Address 3. Mading Address 3. Mading Address 4. FEI Number 59-3675815 No. Applied For 59-3675815 No. Applie	DOCUMENT # P0000095011 1. Entity Name REPPY ENTERPRISES, INC.						04-24-2006 9	90349 ()II ***15().00	
Suite Apt. #, etc. Suite Apt. #, etc. Suite Apt. #, etc.	2737 GABLES DRIVE 205 EAST RIDGE DR						000				
City & State Ci											
Specificate of Status Desired Sa.75 Additional						04202006	Chg-P	CR2E	034 (11/05)		
3.27.26 S. Name and Address of Current Registered Agent. 7. Name and Address of Rev. Registered Agent 7. Name and Address of Rev. Registered Agent 8. The above named entity submits this state of purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of ungerness agent and the virginiary of the obligations of ungerness a	City & State	City & State City & State					815				
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REPPY, DALE A 205 EASTRIDGE DR EUSTIS, FL 32726 Street Address (P.O. Box Number is Not Acceptable) City	6. Name and Address of Current Registered Agent.					7. Name and Address of New Registered Agent					
EUSTIS, FL 32726 8. The above named entity submits this states and location of Legistered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of Legistered agent. SIGNATURE Southwest discrete completed agent and also a supportion. SIGNATURE Southwest discrete completed agent and also a supportion. SIGNATURE Southwest discrete completed agent and also a supportion. SIGNATURE Southwest discrete completed agent and also a supportion. SIGNATURE Southwest discrete completed agent and also a supportion. SIGNATURE Southwest discrete completed agent and also a supportion. SIGNATURE Southwest discrete completed agent and also a supportion. SIGNATURE Southwest discrete completed agent, or both, in the State of Florida. I am familiar with, and accept the obligations of Legistered Agent agents. In the State of Florida. I am familiar with, and accept the obligations of Legistered Agent agents. In the State of Florida. I am familiar with, and accept the obligations of Legistered Agent agents. In the State of Florida. I am familiar with, and accept the obligations of Legistered Agent agents. In the State of Florida. I am familiar with, and accept the obligations of Legistered Agent agents. In the State of Florida. I am familiar with, and accept the obligations of Legistered Agent agents. In the State of Florida. I am familiar with, and accept the obligations of Legistered Agent agents. In the State of Florida. I am familiar with, and accept the obligations of Legistered Agent agents. In the State of Florida. I am familiar with, and accept the obligations of Legistered Agent agents. In the State of Florida. I am familiar with, and accept the obligations of Legistered Agent agents. In the State of Florida. I am familiar with, and accept the familiar agent agent are agent agen											
B. The above named entity submits this stateward out 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 progressed agent. SIGNATURE FILE NOWIT FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.						The state of the s					
8. The above named entity submits this statement of the puriose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of postered agent. **Y 4 2 0 6 **SIGNATURE** **SI						City FI Zip Code					
SIGNATURE Signal Period Control Common Comm	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										
Trust Fund Contribution. Added to Fees	SIGNATURE \$ 106										
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TITLE Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information	NAME STREET ADDRESS CITY-ST-ZIP	postify that the integration as a self-of-the		NAME STREET CITY-S	ST-ZIP	inad in Observation	Clarido Statuto	frankling		Addition	

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:

DAIL OF THE SIGNING OFFICER OR DIRECTOR