2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 17, 2006 08:00 AM Secretary of State DOCUMENT # P01000013413 1. Entity Name GARY MICHAELS, INC. Principal Place of Business Mailing Address 960 DICKENS PLACE WEST PALM BEACH FL 33411 960 DICKENS PLACE WEST PALM BEACH FL 33411 2. Principal Place of Business 3. Mailing Address Suite. Apt. 8, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 65-1083511 Not Applicat Zip Country \$8.75 Additional Country Zio 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SCRITTORALE, GARY Street Address (P.O. Box Number is Not Acceptable) 960 DICKENS PLACE WEST PALM BEACH FL 33411 City 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 accenthe obligations of registered agent. SIGNATURE DATE Dignature, typed or printed name of registered again and late it applicable (NOTE Registered Agent eignature required when reinstaling) FILE NOW!!! FEE IS \$150.00 3. Election Campaign Financing \$5.00 May 🗈 After May 1, 2006 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Change □ #::" Delete WILE TITLE HAME NAME SCRITTORALE, GARY STREET ADDRESS STREET ADDRESS 960 DICKENS PLACE CHY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33411 ☐ Addisir ☐ Delete ☐ Change RILL NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Detete TITLE HILLE U00000516559 NAME MARKE 05/01/06-80009-011 150.00 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Anam MILE ☐ Delete MAME STREET ADDRESS STREET ADDRESS COY-ST-ZW CITY-ST-ZIP ☐ Addeside Change INTE ☐ Delete TITLE NAME MAKAE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY -ST - ZIP M Adams HILE Delete TITLE Change STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-7P

12. I hereby certify that the information supplied with this fiting 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 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:

ry Scrittainly

Histol 5612095826

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