. 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 01, 2006 08:00 AM Secretary of State

| DOCUMENT # P01000058668 1. Entity Name FUHSCO, INC. | | | | Secretary of State |
|---|---|---|--|--|
| Principal Place of Business 13933 IACOBSON DRIVE ODESSA, FL 33556 | | Mailing Address 13933 IACOBSON D ODESSA, FL 33556 | | |
| 2. Principal P | ace of Business | 3. Mailing Address | <u> </u> | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc | | 01122006 Chg-P CR2E034 (11/05) |
| City & State | | City & State | | 4. FEI Number Applied For 59-3724456 Not Applicable |
| Zip | Country | Zıp | Country | 5. Certificate of Status Desired |
| | 6. Name and Address of Co | urrent Registered Agent | Name | 7. Name and Address of New Registered Agent |
| SPIEGEL & UTRERA, P.A. | | | Ļ <u> </u> | vard H Fuhs |
| | RIA AVENUE NBLES, FL 33134 | | Street Addres | ess (P O. Box Number is Not Acceptable) |
| · | | | | 3 Jacobson Dr |
| | | - A | City Odes | essa FL Zip Code 33556 Ilstered agent, or both, in the State of Florida, 1 am familiar with, and accept |
| SIGNATURE _ | Signature input or printed name of registers E NOW!!! FEE IS \$150.0 ay 1, 2006 Fee will be \$ | 9. Election Cam | NOTE Registered Agent signature req | guired when revisiating) \$5.00 May Be Added to Fees |
| 10. | - <u> </u> | S AND DIRECTORS | 11. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |
| TITLE NAME | PSTD FUHS, EDWARD H | ☐ Delete | TITLE NAME | |
| STREET ADDRESS | 13933 JACOBSON DRIVE ODESSA, FL 33556 | | STREET ADDRESS CITY-ST-ZIP | 02/11/96-80037-002 150.00 |
| PAFE | | ☐ Delete | fifte | ☐ Change ☐ Addition |
| NAME SIREET ADDRESS CITY-ST-ZIP | | | NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME | | ☐ Delete | fille NAME | ☐ Change ☐ Addition |
| STREET ADORESS CITY-ST-ZIP | | | STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME | | ☐ Delete | TITLE NAME | ☐ Change ☐ Addillon |
| STREET AGORESS CITY-ST-ZIP | | | STREET ADDRESS CHY-SY-ZIP | |
| 707CE NAME | | ☐ Delate | TITLE NAME | ☐ Change ☐ Addition |
| STREET ADDRESS C/TY-ST-ZIP | | | SIREET ADORFSS CHY-SI-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delale | IITLE KAME SUPT ADDRESS CIPT-ST-7'0 | ☐ Change ☐ Addition |
| 12. Thereby of indicated of the conchanged | on this report or supplemental reporation or the receiver or truste or on an attachment with an asset | weekt h | for the exemptions contain | amed in Chapter 119, Florida Statutes, I further certify that the information the same legal effect as if made under oath, that I am an officer or director 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if |