2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P01000097900

Entity Name: LONG VIEW R.V. SUPERSTORES, INC.

FILED Aug 03, 2006 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business: |
|--------------------------------------|----------------------------------|
|--------------------------------------|----------------------------------|

4811 MCINTOSH RD. DOVER, FL 33527

Current Mailing Address: New Mailing Address:

4 WEST STREET WEST HATFIELD, MA 01088

FEI Number: 59-3750031 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ROBERTS, FRANCIS J
293 NETTLES BLVD.
JENSEN BEACH, FL 34957 US

ROBERTS, FRANCIS J
9230 SWEET N SASSY LANE
DOVER, FL 33527 US

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.

SIGNATURE: 08/03/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition ROBERTS, FRANCIS J ROBERTS, FRANCIS J Name: Name: 4811 MCINTOSH RD 9230 SWEET N SASSY LANE Address: Address: City-St-Zip: **DOVER, FL 33527** City-St-Zip: DOVER, FL 33527

Title: TD () Delete Title: TD (X) Change () Addition Name: ROBERTS, SHIRLEY A Name: ROBERTS, SHIRLEY A Address: 4811 MCINSTOSH RD Address: 9230 SWEET N SASSY LANE

City-St-Zip: DOVER, FL 33527 City-St-Zip: DOVER, FL 33527

Title: DV () Delete Title: () Change () Addition

 Name:
 ROBERTS, FRANK J
 Name:

 Address:
 170 WELLS RD.
 Address:

 City-St-Zip:
 EAST WINDSOR, CT 06088
 City-St-Zip:

Title: D (X) Delete Title: () Change () Addition

 Name:
 ROBERTS, JACQUELINE M
 Name:

 Address:
 900 WEST BITNER ROAD
 Address:

 City-St-Zip:
 PARK CITY, UT 84098
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHIRLEY A. ROBERTS TD 08/03/2006