2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 22, 2006 8:00 am Secretary of State DOCUMENT # P01000100086 03-22-2006 90016 039 ***150.00 ANTHONY W. GIRARD SPECIALTIES, INC. Principal Place of Business Mailing Address 610 COUNTRY CLUB WAY 610 COUNTRY CLUB WAY VENICE FL 34292-2707 VENICE FL 34292-2707 2. Principal Place of Business 3. Mailing Address 2100 Mission Valley R 2100 Mission valley Ad Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 65-1138072 Nokow: s noxonis Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 34275-171 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GIRARD, ANTHONY W Street Address (P.O. Box Number is Not Acceptable) 34285-4707 VENICE FL 34292-2707 City Zip Code 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 the obligations of registered agent. SIGNATURE Signature, typed or prated name of registered agent and life if applicable (NOTE: Registered Agent signature required when reastaining) FILE NOWLY FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550:00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change ☐ Delete TITLE **PVST** TITLE GIRARD, ANTHONY W NAME NAME 2100 mission valley Ad STREET ADDRESS STREET ADDRESS 610 COUNTRY CLUB WAY notomis, FL 34275-1715 CITY-ST-ZIP CITY-ST-ZIP VENICE FL 34285-4707 ☐ Change Addition TITLE TITLE Delete GIRARD, ANTHONY W NAME NAME STREET ADDRESS 610 COUNTRY CLUB WAY STREET ADDRESS VENICE FL 34292-2707 CITY-ST-ZIP CITY-ST-ZIP TITLE - Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CUIY-SI+7/P CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete Addition NAME NAME STREET ADDRESS STREET ADDRESS C3TY-ST-7IP CITY-ST-ZIP TITLE ☐ Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-7P CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing 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:

Anthory W. Girard RS Andert 3/10/06 94/356-8498
OF SIGNING OFFICER OR DIRECTOR
Dayling Phone #

FILED