2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Secretary of State DOCUMENT # P01000119616 05-05-2006 90164 036 ***150.00 THE KARAT PATCH, INC. Principal Place of Business Mailing Address 566 BARTON BLVD., SUITE A ROCKLEDGE FL 32955 566 BARTON BLVD., SUITE A ROCKLEDGE FL 32955 2. Principal Place of Business 3. Mailing Address Barton Blud Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) 4. FEI Number City & State City & State Applied For 59-2840727 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent tanleu Linda STANLEY, LINDA R Street Address (P.O. Box Number is Not Acceptable) 566 BARTON BLVD., SUITE A ROCKLEDGE FL 32955 ckledge 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent of both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. FILE NOW!!! 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 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11 TITLE ם Delete TITLE Change ☐ Addition James D Stanley 397 Barton Blud. NAME STANLEY, JAMES D NAME STREET ADDRESS 566 BARTON BLVD., SUITE A STREET ADDRESS Rockledge, Fl 32955 CITY-ST-ZIP ROCKLEDGE FL 32955 CITY-ST-ZIP D ☐ Delete TITLE Change Addition Gregory L. Stanley 397 Barton Blvd. NAME STANLEY, GREGORY L NAME STREET ADDRESS 566 BARTON BLVD., SUITE A STREET ADDRESS Rockledge, FL 32955 CITY~ST-7IP CITY-ST-ZIP **ROCKLEDGE FL 32955** TITLE ☐ Change ☐ Addition TITLE Detete R. Stanley-NAME NAME STANLEY LINDAR Barton Blvd. STREET ADDRESS 397 STREET ADDRESS 566 BARTON BLVD., SUITE A CITY-ST-ZIP CITY-ST-ZIP ROCKLEDGE FL 32955 Rockledge, FL 32955 Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY~S1-7(F TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-70P 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.

TINK Linda R. Stanley

SIGNATURE:

FILED

3-18-06

(321)636-2141

May 05, 2006 8:00 am