2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000014247

FILED Apr 27, 2006 Secretary of State

Entity Name: A.S. HODGE BOOKKEEPING & SECRETARIAL SERVICE, INC.

Current Principal Place of Business: New Principal Place of Business:

3596 S. GIBLIN DRIVE 3596 S. GIBLIN DRIVE NORTH PORT, FL 34287 NORTH PORT, FL 34286

Current Mailing Address: New Mailing Address:

P.O. BOX 496169 PORT CHARLOTTE, FL 33949

FEI Number: 37-1419272 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:

PONCELET, AMY S
3596 S. GIBLIN DRIVE
NORTH PORT, FL 34287 US
PONCELET, AMY S
3596 S. GIBLIN DRIVE
NORTH PORT, FL 34286 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: 04/27/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 PONCELET, AMY S
 Name:
 PONCELET, AMY S

 Address:
 P.O. BOX 496169
 Address:
 P.O. BOX 496169

City-St-Zip: NORTH PORT, FL 33949 City-St-Zip: PORT CHARLOTTE, FL 33949

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: AMY S. PONCELET P 04/27/2006