## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## FILED May 01, 2006 08:00 AN Secretary of State **DOCUMENT # P02000024764** 1. Entity Name A J PELTON, INC. Principal Place of Business Mailing Address 5719 NE 17TH TERRACE 5719 NE 17TH TERRACE FT LAUDERDALE, FL 33334 FT LAUDERDALE, FL 33334 04272006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 03-0412505 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent PELTON, ARTHUR DO NOT WRITE **5719 NE 17TH TERRACE** FT LAUDERDALE, FL 33334 IN THIS SPACE 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 printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) U<u>0</u>00000557502 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE (\$ \$150.00 05/17/06-80053-012 150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TATLE NAME PELTON, ARTHUR J STREET ADDRESS **5719 NE 17TH TERR** CITY-ST-ZIP FORT LAUDERDALE, FL 33334 TITLE NAME STREET ADDRESS CHY-SI-ZIP BILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP

IN THIS SPACE

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 trastee employered 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 attachyten with an acting a wing all other like empowered.

CNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MALKE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ACCRESS

ARTHUR J. PELTON, PRES.