2006 FOR PROFIT CORPORATION

Apr 20, 2006 8:00 am Secretary of State ANNUAL REPORT 04-20-2006 90215 018 ***150.00 **DOCUMENT # P02000084833** 1. Entity Name A & D IMPORTS INC. 50014183 Principal Place of Business Mailing Address 17578 BLACKFRIAR DR 17578 BLACKERIAR DR-FT-MYERS, FL 33908 FT MYERS, FL 33908 2. Principal Place of Business 3. Mailing Address 7910 Grey Heron G 17910 Grev Heron C Suite, Apt. #, etc. Suite, Apt. #, etc. 02212006 CR2E034 (11/05) City & State City & State Applied For 4. FEI Number + Myers Beach 16-1620341 Not Applicable \$8.75 Additional 3931 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PALOVICH, DAVID A 17910 Greytleron Ct FT-Myers Beach, F1 17578-BLACKFRIAR DR-Street Address (P.O. Box Number is Not Acceptable) FT: MYERS; FL 33908 33931 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. FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete TITLE TITLE ☐ Change ☐ Addition PALOVICH, DAVID A NAME NAME 17910 Greytteron Cf 17578 BLACKFRIAR DR Ft Myers Becking \$393 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 17578 BLACKFRIAR DR. 17910 GREY HEVON CF NAME NAME STREET ADDRESS STREET ADDRESS Ft Myers Boach Fj CITY-ST-ZIP FT. MYERS, FL 33908 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME PALOVICH, ALYSSA C NAME 17578 BLACKFRIAR DR STREET ADDRESS STREET ADDRESS FT. MYERS, FL 33908 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME PALOVICH, ALYSSA C NAME STREET ADDRESS 17578 BLACKFRIAR DR STREET ADDRESS CITY-ST-ZIP FT. MYERS, FL 33908 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing 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 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 attackment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

239-437-7009

FILED