

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000097285 1. Entity Name ONCE, TWICE, THREE TIMES, SOLD, INC.				 FILED 06 MAY -5 PM 3:53 SECRETARY OF STATE TALLAHASSEE, FLORIDA																									
Principal Place of Business 517 SW FIRST AVE. FT. LAUDERDALE, FL 33301		Mailing Address 517 SW FIRST AVE. FT. LAUDERDALE, FL 33301																											
2. Principal Place of Business 221 N. Hogan St. Suite, Apt. #, etc. 111 City & State Jacksonville, FL Zip 32202		3. Mailing Address 221 N. Hogan St. Suite, Apt. #, etc. 111 City & State Jacksonville, FL Zip 32202		 04202006 Chg-P CR2E034 (11/05)																									
4. FEI Number 20-0888571		☐ Applied For ☐ Not Applicable																											
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required																											
6. Name and Address of Current Registered Agent MEE, GLENN R 517 SW FIRST AVE. FT. LAUDERDALE, FL 33301			7. Name and Address of New Registered Agent Name Glenn Mee Street Address (P.O. Box Number is Not Acceptable) 2125 Blue Heron Cove Dr. City Orange Park FL Zip Code 32003																										
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 <u><i>Glenn Mee</i></u> Glenn Mee 4-21-06 Signature, typed or printed name of registered agent and the fee is applicable (NOT if Registered Agent's address required when reappointing) DATE																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">PSTD</td> <td style="width: 20%; text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>SPERLING, BENJIE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>517 SW FIRST AVE.</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td>FORT LAUDERDALE, FL 33301</td> <td></td> </tr> </table>			TITLE	PSTD	☐ Delete	NAME	SPERLING, BENJIE		STREET ADDRESS	517 SW FIRST AVE.		CITY-STATE-ZIP	FORT LAUDERDALE, FL 33301		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: right;">☒ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>2125 Blue Heron Cove Dr.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>Orange Park, FL 32003</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	☒ Change ☐ Addition	NAME	2125 Blue Heron Cove Dr.		STREET ADDRESS	Orange Park, FL 32003		CITY-STATE-ZIP		
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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 attachment with an address, with all other like empowered.																													
SIGNATURE: <u><i>Benjie Sperling</i></u> Benjie Sperling 4-21-06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE																													