2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Feb 21, 2006 8:00 am **Secretary of State DOCUMENT # P02000118737** 1. Entity Name 02-21-2006 90027 025 ***150.00 LEGENDS GUITARS, INC. Principal Place of Business Mailing Address 3108 CENTRAL DR. 3108 CENTRAL DR. #AATSO. PLANT CITY, FL 33566 PLANT CITY, FL 33566 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02162006 CR2E034 (11/05) Cha-P Applied For City & State 4. FEI Number City & State 42-1557614 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CARREJA, MINDY L Street Address (P.O. Box Number is Not Acceptable) 101 E KENNEDY BLVD STE 3000 **TAMPA, FL 33602** Zip Code City 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 it applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TILE PD ☐ Delete TITLE ■ Addition NAME PATTERSON, SAMUEL J NAME 3108 CENTRAL DR STREET ADDRESS 2217 VALRICO FOREST DR STREET ADDRESS PLANT CITY FL 33566 CITY-ST-7IP CITY-ST-7IP VALRICO, FL 33594 TITLE VD Delete TITLE ☐ Channe ☐ Addition NAME SOVENBERG, M K NAME STREET ADDRESS 12912 RAIN FOREST ST STREET ADDRESS CITY-ST-ZIP TEMPLE TERRACE, FL 33617 CITY-ST-ZIP Delete ☐ Change Addition -TITLE MORNINGSTAR, GR NAME NAME STREET ADDRESS 2902 BARRET AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PLANT CITY, FL 33566 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TOLE TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP

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:

GR MORNINGSTAR 2/16/06 (813) 359-1200 X233

FILED