2006 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Apr 26, 2006 08:00 AM Secretary of State DOCUMENT # P02000127663 ~ 1. Entity Name DUVAL STYLE, INC. Mailing Address Principal Place of Business C/O STEVEN KRAFT, P.A. **101 DUVAL STREET** 934 N. UNIVERSITY DRIVE # 150 KEY WEST, FL 33040 CORAL SPRINGS, FL 33071 CR2E034 (11/05) 04232006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 04-3726527 Not Applicate \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE HAMUY, NEIL 9629 PARKVIEW AVE BOCA RATON, FL 33428 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 according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DAIL 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. **PSTD** TALLE HAMUY, NEIL NAME U00000536359 05/08/06-80091-006 150.00 STREET ADDRESS 101 DUVAL STREET CITY-ST-ZIP KEY WEST, FL 33040 TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TIT) F NAME STREET ADDRESS CITY-ST-ZIP TOTLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS COTY-ST-70P 12. Thereby 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 eath; that I am an officer or direct 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.

FILED

081-306-77.