2006 FOR PROFIT CORPORATION

Feb 24, 2006 08:00 AM **ANNUAL REPORT Secretary of State DOCUMENT # P02000127791** 1. Entity Name CASTLE BROTHERS, INC. Principal Place of Business Malling Address 36716 TERESA ROAD 36716 TERESA ROAD DADE CITY, FL 33523 US DADE CITY, FL 33523 CR2E034 (11/05) 02062008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 83-0370742 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE CASTLE, ANTHONY L 36716 TERESA ROAD DADE CITY, FL 33523 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 registernia agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) OATE 000000446007 03/07/06-80072-015 150.00 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 OFFICERS AND DIRECTORS 10. TITLE CASTLE, ANTHON;Y NAME 38716 TERESA ROAD STREET ADDRESS CITY-ST-ZIP DADE CITY, FL 33523 TITLE NAME STREET ADDRESS CITY-\$T-ZIP TATLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE MAME STREET ADDRESS C11Y-S1-27? TITLE NAME STREET ADDRESS CITY-ST-ZIP 7171 F

12. I hereby certify that the information supplied with this filling does not quality 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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PAINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED