2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2006 8:00 am Secretary of State

DOCUMENT # P0300004764 1. Entity Name CLOSET.TEC INC.					05-01-2006 90338 002 ***150.00				
Principal Place of Business		Mailing Address							
5691 DEREK AVE SARASOTA, FL 34233		5691 DEREK AVE SARASOTA, FL 34233		•					
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04262006	Chg-P	CR2E03	34 (11/05)		
City & State		City & State		4. FEI Number 43-1991			<u> </u>	plied For t Applicable	
Zip Cour	Country Zip		Country		5. Certificate of			8.75 Add	
6. Name and Ad	ddress of Current Regis	tered Agent			7. Name and A	ddress of New Re		,	
			Nar	me			-	•	
SMITH, WALLACE E 432 TREMINGHAM WAY			Stre	Street Address (P.O. Box Number is Not Acceptable)					
VENICE, FL 34293									
			City	/	FL Zip Code				
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 the obligations of registered agent.						and accept			
SIGNATURE Signature typed or printed	name of registered agent and title	r applicable (NOTE Re	egistered Agent	signature required	when reinstaling)		OATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financi Trust Fund Contribution.				□ \$5. Adde	00 May Be ad to Fees				
10.	OFFICERS AND DIREC	CTORS	11.		ADDITIONS/CI	HANGES TO OFFI	CERS AND	DIRECTORS	3 IN 11
TITLE P		☐ Delete	TITLE						
NAME SMITH, WALLAC STREET ADDRESS 432 TREMINGH.	NAME SMITH, WALLACE E			1				☐ Change	Addition
CITY-ST-ZIP VENICE, FL 342	AM WAY		NAME STREET ADDR	35.55				Change	☐ Addition
			NAME STREET ADDR CITY-ST-ZIP					∐ Change	Addition
TIFLE VS		☐ Delete	STREET ADDR					☐ Change	Addition
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12. Thereby certify that the information supplied with this miling does not qualify for the exemptions contained in Chapter 119, rended statutes. Turner certify that the information indicated on this report is 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 of 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

V426-06 941923450