2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 27, 2006 8:00 am Secretary of State **DOCUMENT # P03000018234** 1. Entity Name 04-27-2006 90182 024 ***150.00 SALES R US INC Principal Place of Business Mailing Address 100 PIERCE ST 411 CLEVELAND ST **SUITE 1105** SUITE 273 CLEARWATER, FL 33756 CLEARWATER, FL 33755 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04242006 Cho-P CR2E034 (11/05) City & State City & State Applied For 4. FEI Number **NOT APPLICABLE** Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BENTHIEN, SIMONE. -Street Address (P.O. Box Number is Not Acceptable) 100 PIERCE ST. **SUITE 1105** CLEARWATER, FL 33756 City Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ■ Addition BENTHIEN, SIMONE NAME NAME STREET ADDRESS 100 PIERCE ST STE 1105 STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33756 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition GAILZAID, VICKI NAME NAME STREET ADORESS STREET ADDRESS 100 PIERCE ST. STE 1105 CITY-ST-7P CLEARWATER, FL 33756 CITY-ST-7IP TITLE ☐ Chance ☐ Addition TITLE ☐ Defete GAILZAID, VICKI L NAME STREET ADDRESS STREET ADORESS 100 PIERCE ST. #1105 CITY:SI:ZIP CLEARWATER, FL 33756 CITY-ST-ZIP Delete Change TITLE TITLE ☐ Addition GAILZAID; VICKI LI 100 PIERCE ST. # 1105 MARKS, PATRICIA NAME NAME STREET ADDRESS 1540 BONAIR ST STREET ADDRESS CLEARWATER, FL 33756 CITY-ST-7P CLEARWATER, FL 33755 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS C/TY-ST-7/P CITY-ST-7/P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby 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 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. mon SIGNATURE:

FILED