2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

SIGNATURE:

Apr 24, 2006 08:00 AM Secretary of State DOCUMENT # P03000045520 1. Entity Name HOME ACCESSORY CLUB INC. Principal Place of Business Mailing Address 509 W BRANDON BLVD BRANDON FL 33511 509 W BRANDON BLVD BRANDON FL 33511 2. Principal Place of Business 3. Maiting Address Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) 4. FEI Number City & State City & State Applied For 30-0206394 Not Applica Zισ 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 LAFAUCI, GEORGE Street Address (P.O. Box Number is Not Acceptable) 509 W BRANDON BLVD BRANDON FL 33511 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or tegistered agent, or both, in the State of Florida I am familiar with, and according to the state of Florida II am familiar with, and according to the state of Florida III am familiar with a continuous state of the obligations of registered agent SIGNATURE Signifiure, typen or primod name of registering agent and their applicable (NOTE Registers Agent aignature; required when remittating) DATE FILE NOW!!! FEE IS \$150.00 Election Campaign Financing \$5.00 May After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fee Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 117LE ☐ Delete TIRE NAME LAFAUCI, GEORGE NAML U000000526091 STREET ADDRESS 509 W BRANDON BLVD STREET ADDRESS 05/04/06-80060-006 150.00 CITY-ST-ZIP BRANDON FL 33511 CITY-ST- AP TITLE ☐ Delete MLE Change A. NAME MARK STREET ADDRESS STREET ADDRESS CHY-ST-ZIP City-SI-ZIP Dolele ☐ Change Inte tine 17 M NAML STREET ADDRESS STRILLI ADDRESS CITY-ST-71P CITY-ST-ZIP BILE Delete KTLE **53.**.. MARKE NAME STREET ADDRESS STRECT ADDRESS CITY-ST-ZIP City-St-ZiP 41T15 THILE □ A¢ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP INTLE ☐ Oelete litte ☐ Change NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes, I further certify that the information 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 directly 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

1/16/06