2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000075654

1. Entity Name

ERIC'S WRENCH, INC.



Principal Place of Business

1880 DR. ANDRE'S WAY SUITE 14 DELRAY BEACH, FL 33445 Mailing Address

1880 DR. ANDRE'S WAY SUITE 14 DELRAY BEACH, FL 33445

FILED Apr 07, 2006 8:00 am Secretary of State

04-07-2006 90030 041 ***150.00



DO NOT WRITE IN THIS SPACE

 03282006
 No Chg-P
 CR2E034 (11/05)

 4. FEI Number
 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

278-7278

Daytime Phone #

6. Name and Address of Current Registered Agent

KASHMANIAN, ERIC 1415 ONTARIO DRIVE LAKE WORTH, FL 33461

SIGNATURE:

DO NOT WRITE 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 registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.			cing	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KASHMANIAN, ERIC 1880 DR. ANDRE'S WAY SUITE 14 DELRAY BEACH, FL 33445				
TITLE NAME STREET ADORESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CHY-ST-ZIP			DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY+ST-ZIP					
NTLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME		***************************************			
STREET ADDRESS					
CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing 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 it 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.					

- PRESIDENT-

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR