## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## Jan 17, 2008 8:00 am Secretary of State **DOCUMENT # P03000075654** 01-17-2008 90022 040 \*\*\*150.00 1. Entity Name ERIC'S WRENCH, INC. Principal Place of Business Mailing Address 4000000 1880 DR. ANDRE'S WAY SUITE 14 1880 DR. ANDRE'S WAY SUITE 14 DELRAY BEACH, FL 33445 DELRAY BEACH, FL 33445 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 175 5 CONGRESS 175 5 CONGIESS AVE Suite, Apt. #, etc. CR2E034 (12/06) 01022008 Chg-P City & State DE | RA 7 City & State 4. FEI Number Applied For DEIRAY BCH FL 55-0839647 Not Applicable Country USA Country \$8.75 Additional 5. Certificate of Status Desired uŚA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KASHMANIAN, ERIC 1415 ONTARIO DRIVE Street Address (P.O. Box Number is Not Acceptable) LAKE WORTH, FL 33461 Zip Code FI 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, lyped or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. $\overline{\Delta}$ TITLE ☐ Delete TITLE ☐ Change ☐ Addition KASHMANIAN, ERIC NAME NAME 1415 ONTAR: 0 DR 4880 DR: ANDRE'S WAY SUITE 14 STREET ADDRESS STREET ADDRESS 33461 CITY-ST-ZIP DELRAY BEACH, FL 33445 CITY-ST-ZIP LAKE WORTH TITLE ☐ Delete TITLE Change Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY+ST-78P TITLE ☐ Delete . Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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

KASHMAN:AN

- PRESIDENT-

FILED

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