2006 FOR PROFIT CORPORATION ANNUAL REPORT

May 10, 2006 8:00 am Secretary of State 05-10-2006 90106 045 ***150.00 DÓCUMENT # P03000092174 LOOSE ENDS INCORPORATED DUUJOTUJ Mailing Address Principal Place of Business 2508 TULIP STREET 2508 TULIP STREET SARASOTA, FL 34239 SARASOTA, FL 34239 CR2E034 (11/05) 04272006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 20-0170027 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE CAROL, MONVILLE 3737 S TUTTLE AVENUE SARASOTA, FL 34239 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 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 - OFFICERS AND DIRECTORS 10. TITLE MCKINNIE, SARA NAME STREET ADDRESS 2508 TULIP STREET SARASOTA, FL 34239 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS

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

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-06

FILED