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Jul 13, 2006 8:00 am
Secretary of State
07-13-2006 90024 022 ***558.75

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000098422

1. Entity Name
AMERICANA PRODUCTS COMPANY, INC.

50022552

Principal Place of Business	Mailing Address
8100 ARMSTRONG ROAD MILTON, FL 32583	8100 ARMSTRONG ROAD MILTON, FL 32583

04272006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
	Americana Products Company Inc
Suite, Apt. #, etc.	Suite, Apt. #, etc. PO Box 4110
City & State	City & State Milton Florida
Zip / Country	Zip 32572-4110 Country USA

4. FEI Number 01-0787529 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

YPARREA, MELINDA P
5061 ROLAND RD
PACE, FL 32571

7. Name and Address of New Registered Agent

Name: MELINDA P. YPARREA
Street Address (P.O. Box Number is Not Acceptable): 5012 Ponitz Pkwy
City: PACE FL Zip Code: 32571

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: Melinda P. Yparrea Owner Hold all Positions 7/2/06

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ALL POSITIONS YPARREA, MELINDA P 5061 ROLAND ROAD MILTON, FL 32571	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO YPARREA, STEVEN J 5012 POINTZ PKWY MILTON, FL 32571	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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

SIGNATURE: Melinda P. Yparrea MELINDA P. YPARREA 7/2/06 (850) 221-3012
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #