## 2006 FOR PROFIT CORPORATION

## Jan 27, 2006 08:00 AN ANNUAL REPORT **DOCUMENT # P03000139977 Secretary of State** 1. Entity Name RUG RATS SLT. INC. Mailing Address Principal Place of Business 1597 HEALEY STREET N.W. 1597 HEALEY STREET N.W. PALM BAY, FL 32907 PALM BAY, FL 32907 01182006 CR2E034 (11/05) No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0431539 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TURCO, RICHARD A DO NOT WRITE 1597 HEALEY STREET N.W. PALM BAY, FL 32907 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 apolicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be 11000000402535 FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 02/03/06-80012-003 150.00 OFFICERS AND DIRECTORS 10. TITLE TURCO, RICHARD A NAME 1597 HEALEY STREET N.W. STREET ADDRESS CITY-ST-ZIP PALM BAY, FL 32907 VΡ TITLE FLANNERY, SHARON NAME 1597 HEALEY STREET N.W. STREET ADDRESS CMY-ST-ZIP PALM BAY, FL 32907 TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CRY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling 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.

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

G OFFICER OR DIRECTOR

FILED