2066 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED Mar 30, 2006 08:00 AM Secretary of State

DOCUMENT # P03000150707 1. Entity Name LARRY AUMENT, INC.				Secretary of State			
Principal Plac 131 S. MILLS ARCADIA, FL	S AVE	iling Address 11 S. MILLS AVE ICADIA, FL 34266	·	-			
DO NOT WRITE IN THIS SPAC				03072006 4. FEI Number 20-04737 5. Certificate of	118	CR2E034 (11/	Applied For Not Applicable Additional
6. Name and Address of Current Registered Agent AUMENT, LARRY 131 S. MILLS AVE ARCADIA, FL 34266			DO NOT WRITE IN THIS SPACE				
the obligat	named entity submits this statement for the policions of registered agent Signature, typed or printed name of registered agent and the till E NOWILL FEE IS \$150.00		id Agent signature (equiret	f when film statings	in the State of Florid	a. I am familiar v	with, and accept
10. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE	OFFICERS AND DIREC P. S AUMENT, LARRY 131 S MILLS AVE ARCADIA, FL 34266		C. Add	ed to Fees	·· [්ප්ථාර	LA Vigentia
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS					(14/12/05-6)		150.00
SIME! ADDRESS CITY-ST-ZIP THEE NAME STREE! ADDRESS CITY-ST-ZIP THRE NAME SIREL! ADDRESS CITY-ST-ZIP					NOT WE	**	,
NAME STREET ADDRESS CITY-ST-ZIP 12. I horreby a indicated of the core	certify that the information supplied with this fill on this report or supplemental report is true air poration or the receiver or trustee empowered or on an attachment with an address, with all	to execute this report as room	emptions contained ture shall have the tred by Chapter 601	d in Chapter 119, F same logat effect a 7, Florida Statutes;	lorida Statutes. I fur s if made undor oat and that my name a	ther certify that t n, that I am an of ppears in Block	he information, licer or director 10 or Block 11 if

YD TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR