FILED 2006 FOR PROFIT CORPORATION Apr 25, 2006 08:00 AN Secretary of State ANNUAL REPORT **DOCUMENT # P04000035270** 1. Entity Name PATIO OUTDOOR, INC. Principal Place of Business Mailing Address 6757 LAND O LAKES BLVD 6757 LAND O LAKES BLVD LAND O LAKES, FL 34639 LAND O LAKES, FL 34639 04212006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 56-2439803 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BUI, HO DO NOT WRITE 6757 LAND O LAKES BLVD LAND O LAKES, FL 34639 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable Unnnnn532784 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 05/06/06-80098-002 150.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE PS BUI, HO NAME % 6757 LAND O LAKES BLVD STREET ADDRESS CITY-ST-ZIP LAND O LAKES, FL 34639 TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP At the second se TITLE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

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 eath; 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 artifess, with an other like empowered.

SIGNATURE: \(\)

CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

104-20-06 1813-3685