


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 12, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000035328**  
 1. Entity Name  
**TRU WHEEL CYCLES, INC.**



Principal Place of Business <b>JACK V. AKARJALIAN          3115 S PENINSULA DR          DAYTONA BEACH, FL 32118</b>	Mailing Address <b>JACK V. AKARJALIAN          3115 S PENINSULA DR          DAYTONA BEACH, FL 32118</b>
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**DO NOT WRITE IN THIS SPACE**



03272006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>20-0798495</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**AKARJALIAN, JACK V  
 3115 S PENINSULA DR  
 DAYTONA BEACH, FL 32118**

**DO NOT WRITE 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

000000504121  
 04/26/06-80059-011 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AKARJALIAN, JACK V 3115 S PENINSULA DR DAYTONA BEACH, FL 32118
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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:** Jack Akarjalian 4-7-06 386 334 1552  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #